

**A STUDY TO ASSESS THE STRESS AND COPING
STRATEGIES AMONG THE SPOUSES OF ALCOHOLICS IN A
SELECTED DE-ADDICTION CENTER, TRICHY.TAMILNADU.**

By

REG.NO.30095642



VIVEKANANDHA COLLEGE OF NURSING

(Affiliated to Tamil Nadu Dr. M.G.R. Medical University, Chennai – 32)

ELAYAMPALAYAM, TIRUCHENGODE – 637 205

TAMIL NADU

APRIL – 2011

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RESEARCH GUIDE: _____

PROF. (Mrs). R. KANAGAVALLI M.Sc., (N), (Ph.D)
PRINCIPAL,
VIVEKANANDHA COLLEGE OF NURSING,
ELAYAMPALAYAM – 637205
TIRUCHENGODE.

CLINICAL SPECIALITY GUIDE: _____

PROF. (Mrs). V. NIRMALA, M.Sc., (N)
DEPARTMENT OF MENTAL HEALTH NURSING,
VIVEKANANDHA COLLEGE OF NURSING,
ELAYAMPALAYAM – 637205
TIRUCHENGODE.

VIVA VOCE:

External Examiner :

Internal Examiner :

submitted in partial fulfillment of the requirement for the

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VIVEKANANDHA COLLEGE OF NURSING

(Affiliated to Tamil Nadu Dr. M.G.R. Medical University)

Elayampalayam, Tiruchengode – 637 205

Tamil Nadu Phone : 04288-234561



CERTIFICATE

This is to certify that this thesis, titled “**A STUDY TO ASSESS THE STRESS AND COPING STRATEGIES AMONG THE SPOUSES OF ALCOHOLICS IN A SELECTED DE-ADDICTION CENTER. TRICHY**” submitted by Ms. VANITHA.R, M.Sc., Nursing (2009-2011 Batch) Vivekanandha College of Nursing in partial fulfillment of the requirement of the Degree of Masters Science (Nursing) from the Tamil Nadu Dr. M.G.R. Medical University is her original work carried out under our guidance.

This thesis or any part of it has not been previously submitted for any other Degree or Diploma.

Prof. (Mrs.) R.KANAGAVALLI, MSc (N),(Ph.D)

PRINCIPAL

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DECLARATION

I hereby declare that this thesis entitled “**A STUDY TO ASSESS THE STRESS AND COPING STRATEGIES AMONG THE SPOUSES OF ALCOHOLICS IN A SELECTED DE-ADDICTION CENTER. TRICHY**”. is the outcome of the original work undertaken and carried out by me under the guidance and direct supervision of **Prof.Mrs.R.KANAGAVALLI, M.Sc (N) Ph.D** and speciality guide **Prof.Mrs.V.NIRMALA M.Sc (N)** Department of Mental health Nursing, Vivekanandha College of Nursing (Sponsored By Angammal Educational Trust), Elayampalayam, Tiruchengode, Namakkal District.

I also declare that the material of this thesis has not formed in any way the basis for award of any other Degree, Diploma or Associate fellowship previously of the Tamil Nadu Dr. M.G.R. Medical University.

Reg.No.30095642

Vivekanandha College of Nursing,

Elayampalayam, Tiruchengode.

Place : Elayampalayam,

Date :

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***“AS WE EXPRESS OUR GRATITUDE, WE MUST NEVER FORGET
THAT THE HIGHEST APPRECIATION IS NOT UTTER WORDS
BUT TO LIVE BY THEM”***

The sayings holds good for my project work. there are several hands and hearts behind this work to bring it to this final shape for which I would like to express my gratitude.

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Reg No. 30095642

ABSTRACT

ABSTRACT

The thesis title “ **A STUDY TO ASSESS THE STRESS AND COPING STRATEGIES AMONG THE SPOUSES OF ALCOHOLICS IN A SELECTED DE-ADDICTION CENTER ,TRICHY**” , was conducted by **MS.VANITHA.R** manifestation the partial fulfillment of the requirement for the degree of master of nursing during the year 2009-2011.

OBJECTIVES:

1. To assess the stress experienced by the spouses of alcoholics in a selected de-addiction center.
2. To identify the coping strategies adopted by the spouses of alcoholics in a selected de-addiction center.
3. To correlate the stress and coping of spouses of alcoholics
4. To compare the stress and coping strategies of the spouses of

alcoholics with selected demographic variables like age, education,

Occupation, type of family, income and religion.

The study is descriptive in nature, was carried out in de-addiction center, Trichy.

The sample consist of 60 spouses whose alcoholic husbands were admitted in the selected de-addiction center, Trichy. Convenient sampling was used to select the samples.

A semi structured interview schedule was developed to collect the data from the samples. It has three sections. Section –A deals with socio demographic variables of the spouses, section-B deals with the level of stress of spouses whose alcoholic husbands were admitted in a de-addiction center, section-C deals with the coping strategies adopted by the spouses whose alcoholic husbands were admitted in a de-addiction center.

Collected data was analysed using descriptive and inferential statistics in terms of frequencies, percentages, mean, standard deviation, correlation, coefficient and Chi square analysis.

THE MAJOR FINDINGS OF THE STUDY WERE SUMMARIZED AS FOLLOWS.

Findings related to socio-demographic variable

- 19(32%) spouses belonged to age group of < 25 yrs, 23(38%) belongs to 26-30 yrs, 11(18%) belongs to 31-35 yrs. and (12%) were above 35 yrs. of age.
- 37(62%) of spouses are Hindus, 15(25%) of spouses were Christians and 8(13%) were Muslims.
- 19(32%) spouses were illiterate, 10(17%) were finished primary school 13(22%) were secondary school, 11(18%) were Higher secondary school and 7(11%) were graduates.
- 31(52%) spouses were house wives, 13(22%) skilled workers, 12(20%) unskilled workers.4 (6%) were professional workers.
- 5(8%) have the monthly income less than Rs.2000, 16(21%) have income of Rs.2001-3000, 26(43%) have income of Rs.3001-4000 and 13(22%) have income of above Rs.4000.
- 44(73%) of spouses belong to nuclear family and 16(27%) belongs to joint family.
- 37(62%) subjects living in rural area and 23(38%) living in urban area.
- 15(25%) husbands belongs to age group of less than 30 yrs and 45(75%) belongs to age group of > 30 yrs.

- 7(12%) of husbands were illiterate,12(20%) were finished primary school,20(33%) were finished secondary school,10(17%) were finished higher secondary and 11(18%) were graduates.
- 18(30%) husbands were cooli, 7(12%) were government employee,18(30%) were private employee and 17(28%) subjects belong to other professions.
- 18(30%) husbands duration of alcohol consumption is less than 2 yrs., 27(45%) have consumption duration of 3-6 yrs.5 (8%) have 7-10 yrs. and 10(17%) have more than 10yrs
- 11(18%) husbands have taken the treatment previously and 49(82%) not taken the treatment previously.

Section 4.2

Descriptive analysis on the stressor faced by the spouses whose alcoholic husbands were admitted in the de- addiction center were through mean, standard deviation score percentage and mean score percentage of stress faced by the spouses whose alcoholic husbands admitted in the selected de -addiction center is 62.37%.

Section4.3

Descriptive analysis regarding the coping strategies adopted by the spouses whose alcoholic husbands were admitted in the selected de-addiction center were carried out through the application of mean, standard deviation, score percentage and mean score percentage. The mean score percentage of coping strategies adopted by the spouses whose alcoholic husbands admitted in the selected de-addiction center is 53%.

Section 4.4

chi-square analysis revealed that there is significant relationship between the stress faced by the spouses with their socio-demographic variable such as family income and there is significant relationship between coping and socio-demographic variable such as educational status.

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INTRODUCTION

CHAPTER – I INTRODUCTION

“First the man takes the drink
Then the drink takes the drink
Then the drink takes the man”

--Japanese proverb

Alcoholism is a worldwide problem not confined either to developed or to developing nation. The adverse consequence of alcohol not only affects the individual user but the society as a whole. Alcohol is a group of substances, the technical name of alcohol beverage is ethanol or ethyl alcohol; popularly it is known as alcohol.

World health organization(WHO): defines alcoholism as “any form of drinking which in Its extent goes beyond the customary dietary use or social drinking Customs of the community concerned. India is characterized by tremendous cultural variability with respect to beliefs a practice regarding

alcoholic beverage consumed. Indian attitude about drinking include both permissive and abstinent feature especially when different population groups are considered. The variability is not surprising in the given broad religious ethics and caste differences which are found in India.

There is a vast body of literature both in India and the west devoted to understanding the marital dynamics involved in alcoholism and ascertaining the deleterious impact that alcoholism could have on the personality and functioning of the spouse. Traits such as neuroticism higher anxiety level depression low self-esteem and communication apprehension have been reported in spouses of alcoholism and attributed to the intense stress and trauma experienced by her in the vitiated domestic environment that she lives in.

Alcohol has many negative effects on a family. Although physical effects impact the drinker .The effects on the family might be more damaging . A family that is impacted by alcohol abuse is more likely to impact by alcohol abuse is most likely to have violence,marital conflict, divorce and financial problem. Alcohol increases aggressive behavior in many people and it plays a large part in family violence.athealth.com studies have shown that upto 42% of people involved in violent crimes and 57% of men involved in domestic violence where under the influence of alcohol and addiction.

Marriages that contains alcohol abuse have a divorce rate atleast four times higher than those that do not have alcoholism. Marital conflicts involving alcohol not only include violence and divorce but also financial problems and sexual dysfunction.

The economic effects of alcohol on families in severe .Most families suffer financially from the excessive amount of money used to purchase alcohol and an increase in medical and legal expenses,lower wages and lost employment .The amount spent on alcohol and its effects might exceed family's income , thus reducing the amount of resources available to run and support a family and household expences.

Emotional effects of drug and alcohol addiction are not always as obvious as the physical effects can be .Some of the emotional effects a drug addiction can have both on the addict and the people in on addicts life are increased feelings on loneliness and ostracism, increased irritability, increased fatigue, unexplainable anxiety inability to concentrate from strained relationships.

As alcohol abuse or addiction progresses, the non drinking spouse often grows into a compulsive care taking role, which creates her a feeling of resentment,self-pity and exhaustion.The marriage suffers from poor spousal communication, increased anger and distress, reduced intimacy and sexual desire,

increased marital abuse often the spouse and children become co-dependent as one of the effects of alcoholism in the families. Co-dependents who are also referred to as enablers, further the alcoholism drinking problem by trying to protect them and keep them out of trouble.

National Healthy Marriage Resource Center(NHMRC) states that alcohol abuse increase the feelings of marital distress. Individuals in marriage in which one or both spouses of an alcoholic report higher levels of marital distress..Alcohol abuse decreases marital satisfaction because it decrease the drinking spouses ability to participate in everyday household tasks and responsibilities. This inability leads to greater stress on the non-drinking spouse and decreases satisfaction in the marriage life.

Alcohol abuse increases the psychological distress of the non drinking spouse. An adults alcohol abuse also is related to children's increased social emotional , behavioral and academic problems which inturn leads to more stress in the family and less marital satisfaction.

Alcoholism is not simply an individual problem. Family often play a significant role in the "cause"and"cure" of alcohol abuse. For this reason research shows that therapy involves the spouse and possible other family members is more

helpful to overcoming alcoholism that is only treating the individual who has the alcohol problem.

Although the substance dependent person is designated patient, all family members are affected .The family is usually in need of treatment as well. The family members of addicts and alcoholics are referred as codependent reflecting the process of participating in behaviours that maintain the addiction or allow it to continue without holding the addict or alcoholic accountable for his or her action. These behaviour become so ingrained that they are difficult to alter when the addict or alcoholic stops using. If the family also gets into recovery via codepending treatment or self-help groups such as Alcohol Anonymous they often find the many underlying issues of their own that contributed to their selection of a mate with an alcohol or drug problem. (Norman L. keltner et al (2007))

Alcohol gradually causes damaging change in the liver , stomach and brain increases the risk of many other diseases. The social effects are as lead to poverty,loss of productivity and other lasting negative impressions on the growing children .(Mary verges (2010))

Higher levels of marital conflict and aggression have been also documented in couples with an alcoholic spouses when compared to marital relationship which were not complicated by alcohol. (Stanley and Anita (2007))

Advancements and adventures made in the field of science and technology enhance the standard of human life. His life expectancy has increased and the diseases which are challenging him have become minor things. Though man advances in all the areas is still threatened in certain areas by health problems like AIDS, Alcoholism etc, due to the life style of an individual where he himself falls into the trap .such as hazardous health problems not only endanger an individual life but the society as a whole and so an immediate attention is warranted. The history of alcohol abuse in India is not very different from the rest of the world .The intoxicating properties referred to as “soma-ras” in earlier Indian text (Vedas) dates back to 300-1000Bc.In the epics, there are numerous reference to drinking. There are evidences by almost all kings who ruled different parts of our country.

Ahuja.N (2004) states that alcohol dependence is more common in males and has an onset in late second or third decade .the courses is insidious. There is often as in associated abuse or dependence of other drugs.

According to Ranganathan (2004) drinking behavior may Interrupt normal family task cause conflict and demand adjustive and adaptive responses from family members who do not know how to appropriately respond .In brief,alcoholism creates a series of escalating crisis in family structure and function

which may bring the family to a system crisis .As a result the members may develop dysfunctional coping behavior.

According to Furtado et al (2002) Marital conflict and lack of coping mechanism were more frequent in these families and children of alcoholic fathers represent a group at risk for early onset of Psychiatric problems observed.

World health organization global status report on Alcohol (2004) reported a study on spouses and family members of People with alcohol dependence .In interviews with 45 Al-Anon members in Mexico (82% of them the wife of a husband who has alcohol dependence) 73% reported feelings of anxiety, fear and depression, 62% reported physical and verbal aggression by the spouse toward the family; and 31% reported family disintegration with serious problems involving money and the children.

According to potund and Domern (2001) dyadic and family dysfunction is typically associated with a family members alcohol or drug abuse. One area of research interest based individual on clinical conceptions of these families is that of partner support or coping in response to addiction .Female partners of male alcoholics have received much of this clinical and research attention and have alternately been labeled as codependence, alcoholics are enablers. Broadening the therapeutic emphasis beyond the impaired individual

underscores the system notion that a loved one's addiction necessarily affects spouses and partners, and that partners responses may intern affect drinking or drug behavior.

According to Leonard (2001) the evidence regarding alcohol and marital violence has been reviewed extensively,briefly case control studies of violent men, alcoholic men and abused women and epidemiological studies of the general population and of women in health care settings have consistently found an association between indices of heavily drinking and the occurrence of domestic violence .For Eg 20-93% of battered women considered their partners problem drinkers or alcoholics.

According to Isaac (1998) several studies have reported hepatic dysfunction, cognitive impairment, head injuries serious psycho social problems including family disruption, marital discord, problem in children, financial difficulties, domestic violence employment problems consequences to alcohol.

According to Leonard and senchak (1997) there is some evidences however that the relationship between husbands heavy use of alcohol and perpetration of physical violence against spouse is moderated by individual difference and relationship variables

“O” Farrell and Murphy (1997) found that significantly more wives of alcoholics in comparison to a matched community sample, experienced husband

perpetrated violence, particularly of severe nature. Wives of alcoholics, problem drinking by husbands predicts intimate male to female physical aggression by community samples even after controlling for confounding variables.

NEED FOR THE STUDY

**“You can tell the condition of a nation
by looking at the status of its women”**

--Jawaharlal Nehru

The nature of the substance abuse disorders create a psycho dynamic force in the family leading to adaptive properties that influence how the family system functions. No one in close contact with the substance dependent person can escape being touched by disease process.

Marital conflict, separation and divorce are more common in alcoholic families than in general population. The marriage partners tend to argue about the alcoholics frequency of drinking, unacceptable drunken behaviors resulting in financial problems, failure at performing household duties and family relationships problems. There is high potential for domestic violence. As a result marriage usually suffers and worsens until the relationship or the alcohol dependency ends.

In India there were about three million alcoholics in 1960 .In 1980 WHO reported that 3 million alcoholics in 1 in 25 who consumed alcohol had become severely addicted.

According to Archives of General Psychiatry (2007) reported that approximately 30% of American suffered alcohol use disorders at Some point in their lives including 17.8% with alcohol abuse 12% with alcohol dependence. Alcohol consumption is the leading risk factors in developed countries particularly in Europe .In Europe alone 55,000 deaths among young people aged 15-29 yrs were due to alcoholism.

Alcohol Related Harm in Europe (2006) reported that 55 million adults are estimated to drink at harmful level in Europe (more than 40 ml of alcohol i.e. 4 drinks for a day for men over 20ml i.e. two drinks a day by women) drinking more than this is known to carry a health risk, there are 1, 95,000 deaths in the year 2006, more than 60 different disease due to harmful alcohol use including lung cancer, breast Cancer, mental and behavioural disorders, cardiovascular problems fetal death and reproductive disorders.

According to the National Institute Of Alcohol Abuse and Alcoholism (2005) among 14 million Americans 1 of 213 adult either abused of alcohol or other substances .each year about 6 lakh patients enter treatment for alcoholism

WHO report committee (2007) reported that alcohol use and the problems associated with it are increase in India which has second largest population in the world with 33 % of its population consuming alcohol.

According to American Medical Association (2005) approximately 11 million American youth under age 21 drink alcohol. Media vision India (2004) reported that in India it has been estimated that 40-50% of all males drink alcohol as Compared to less than 1% of female adults.so alcoholism appears to be Predominantly be male disorder especially In India .

According to National institute of drug addiction (NIDA)(2003) 53 Persons of men and women surveyed in the United States reported that one or more close relative's abuse or are dependent on alcohol .

According to Meena et al (2002) prevalence rate of alcohol and other substance abuse is 19.78%. Studies conducted by de addiction center at the All India Institute Of Medical Sciences (AIIMS) in Delhi (2001) showed that every fifth teenager between 15-19 age groups in Delhi takes alcohol Regularly 8.3 lakh are addicted and another 1 lakh people need medical Attention for alcohol related problems.

A study carried out by the National Institute Of Mental Health And Neuro Science (NIMHANS) in Bangalore (2000) reveals that 70% of HIV patients were alcoholics and they had been teenagers.

According to Hazarika et al (2000) prevalence of alcohol use alone is 36-50%.Alcohol use among males (39-50%) is Slightly higher than females (32-60%)

Sadock and Sadock (2003) approximately 70% of adults with college degrees currently drinkers compared with only 40% of those with less than a high school education. These statistics dispel the idea that the drinking is often associated with lower educational levels.

According to National Institute Of Alcohol Abuse And Addiction (2000) underage drinking possess a high risk for injury an Social consequences such as increased motor vehicle accidents suicide , sexual assault and high risk sexual behavior. Under age alcohol use is more likely to kill young people than or the all the illegal drugs combined

According to Bharathi.k (1995) alcoholism is the third largest health care problem in India .Today nationwide information on the incidence and magnitude of the problem of alcoholism and drug dependence is not available.

According to Saldanha and Goel (1992) alcohol dependence syndrome constitutes the third largest group among the psychiatric population in the armed forces. However in all those studies, delineation of the different drugs have also been made and among them alcohol was the commonest substance abused accounting to 69-90% of the subjects investigated.

Studies on family environment of alcoholics Showing in general, that family relationship and social roles are affected by and in turn affects the life of problem drinkers. In addition to other factors such as the composition of the family, their personality and nature of interpersonal relationships also affects the quality of life of alcoholics and much has been written about the emotional repercussions of alcoholism on the family members especially the spouse and the children, there is evidence that among the socially and economically weaker section the health and social consequences are more severe .Since alcoholism is one of the most expensive that can be acquired.

“ A women wears her tears like jewelry”

It is true with the women who are living with an alcoholic husband. The non-addicted spouse will often tell that they are abused verbally and emotionally by their husband

Health for all by 2025 AD is the slogan which gives importance to health care by the people and for the people. This will remain dream unless the spouse of the alcoholic husband were relieved from the stress. Because healthy women is essential for building the healthy family and healthy nation

In the light of the above ideas and from the experiences of the investigator it was observed that it is essential to assess the stress and coping factors among the spouses of the alcoholics to carry out normal routine daily activities.

STATEMENT OF THE PROBLEM:

A STUDY TO ASSESS THE STRESS AND COPING STRATEGIES AMONG THE SPOUSES OF ALCOHOLICS IN A SELECTED DE- ADDICTION CENTER. TRICHY

OBJECTIVES:

1. To assess the stress experienced by the spouses of alcoholics in a select de- addiction center.
2. To identify the coping strategies adopted by the spouses of alcoholics in a selected de- addiction center.

3. To correlate the stress and coping of spouses of alcoholics
4. To compare the stress and coping factors of the spouses of alcoholics with selected demographic variables like age, education, Occupation, type of family, income and religion.

OPERATIONAL DEFINITIONS:

Stress:

Stress denotes the state of threat, fear, anxiety or frustration of the individual as a result of life with an alcohol dependent husband

Coping:

Cognitive and behavioral strategies used by the wives to deal with the stressful life situation with her alcoholic husband.

Alcoholic:

The person who consumes alcohol for a long period.

Spouse:

Women married to an individual and have been staying with him.

Assumptions:

- The spouse's of alcoholic husband will experience stress due to addiction to alcohol.
- The spouse with alcoholic husband will adopt coping Strategies for their problem.
- The level of stress may vary depending up on the demographic variables like age, education, occupation, type of family, income and religion.
- The coping strategies of spouses may vary depending upon the demographic variables like age, education, occupation, type of family, income and religion.

Delimitations:

- The study is limited to spouses of alcoholic husband in a selected de addiction center
- The sample size is limited to 60

CONCEPTUAL FRAME MODIFIED FROM ROY'S ADAPTATION MODEL

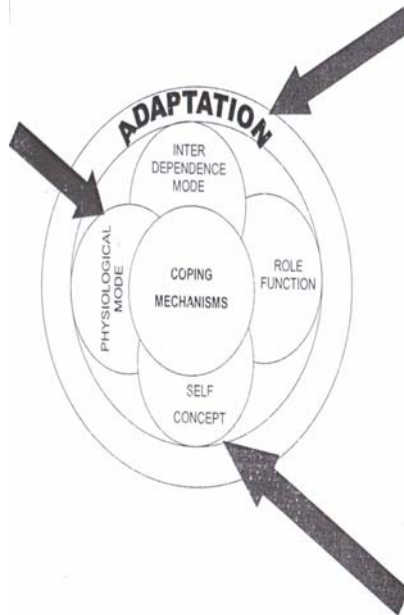
STIMULI

Spouses stress due to

- Consumption of alcohol by her spouse.
- Financial difficulties.
- Lack of respect among neighbor.
- Fear that alcoholism will lead to some other substance abuse.
- That alcoholism will lead to spousal harassment.

Spouse ineffective adaptations

- Loss of interest in daily activities
- Lack of interest in children's education.
- Feel lonely & irritable.



ADAPTIVE BEHAVIOR

Spouse adapts the coping strategies by

- Plead the husband to leave the habit.
- Explain him all the good things will occur if he leaves drinking.
- Explaining her fears and difficulties in managing family.
- Pouring the alcohol outside.
- Frighten him that she will left him.
- Getting adequate information regarding de-addiction center and

SELF CONCEPT OF SPOUSES:

- Understanding the health status and plan for getting treatment for alcoholism..
- Gets advices from the professional personnel, family members and friends.

CONCEPTUAL FRAME WORK

A conceptual framework is a group of concepts and a set of preposition that spells out the relationship between them. The overall purpose is to make scientific findings more meaningful and generalisable.

Conceptual framework selected for this study is based on the Roy's adaptation model. The investigator found the model suitable to study the stress experience and coping strategies adopted by the spouses of alcoholics in a selected de-addiction center.

The Roy's adaptation model focuses on the responses of the adaptive system to a constantly changing environment. Adaptation is the central feature and a core concept of the model. Problems in adaptation arise when the adaptive system is unable to cope with or respond to constantly changing stimuli from the internal and external environments in a manner that maintains the integrity of the system.

The person is identified as an adaptive system. System is defined as a set of parts connected to function as a whole for some purpose and it does so by virtue of the interdependence of its parts.

Adaptive means that the human system has the capacity to adjust effectively to changes in the environment and in turn affects the environment. (Andrews and

Roy.1991). So the conceptual frame work for this study is based on “Roy Adaptation Model”.

The adaptive system has two major internal control processes, called the regulators and cognator subsystems. The regulator subsystems responds automatically through neural, chemical and endocrine coping processes. The cognator subsystems responds to inputs from external and internal stimuli that involve psychological, social, physical and physiological factors with aging the regulator and cognator activity is diminished and hence more ineffective response.

Regulator and cognator activity is manifested through coping behavior in four adaptive or response modes.

PHYSIOLOGICAL MODE:

This is associated with the way the person responds as a physical being to stimuli from the environment. Behaviours in this mode is the manifestation of the physiological activities of the human body. Here the stimuli of physiological mode for the spouses is consumption of alcohol by her spouse, her financial difficulties, lack of respect among neighbours, fear that alcoholism will lead to some other substance abuses, and alcoholism will lead to spousal harassment.

SELF CONCEPT MODE:

Self concept mode compasses perceptions of the physical self and the personal self. It focuses on the need for psychic integrity that is “the need to know who one is so, that one can be or exist with a sense of unity”. In this study the spouse adapts coping strategies by understanding the health status and plan for getting treatment for alcoholism and gets advice from the professional personnel, family members and friends.

ROLE FUNCTION MODE:

This emphasizes the need for social integrity that is “the need to know integrity and need to know who one is the relation to others, so that one can act”. That is behavior based persons position in society. According to their role function mode the spouse maintains smooth relationship with family members and others.

INTERDEPENDENCE MODE:

This also emphasizes the need for social integrity. Interdependence is “a way of maintaining integrity that involve the willingness and ability to love and accept love and respect giving by others.

In interdependence mode, the spouse develops the ability to accept the condition of her husband with the support of the family and friend.

REVIEW OF LITERATURE

CHAPTER – II

REVIEW OF LITERATURE

**“Literature is a kind of intellectual light,
which like the light of the sun may sometimes;
enable us to see what we do not like”**

--SAMUEL JOHNSON

Review of literature is an important milestone in the formation of any research as it not only helps the researcher to find researchable topics but it also helps the researcher to get strong evidences related to his/her topic.

Review of literature is an essential component of the research process. Review of literature is a critical examination of publication related to a topic of interest. (Nancy Groove ...2005)

Review of literature is an important step in the development of a research project. It involves the systemic identification location and survey of written materials that contain valid information on research problem. Reviewing literature is important in broadcasting the understand and insight for necessary development of a conceptual context in which a problem fits. (Polit and hungler1999)

The investigator did an extensive review of related literature. Several studies have been done about the spouses stress and coping factors of whose husbands are alcoholic.

The review of literature in the study are organized under following area:

i) Literature related to spouses stress and coping.

ii) Studies related to spouses stress and coping.

Literature related to spouses stress and coping

Literature related to stress:

Stress is defined as non-specific response to any demand made on the body. We term it as stressor. Stressor is a stimulus that evokes the need to adopt. The individual perception of the stressor greatly determines whether the effect on the individual is positive or negative.

Stress is the relationship between the person and environment that is appraised as exceeding the persons resources and endangering the person well-being (Mary Ann Boyd...2005)

Physical signs of stress as tension , headache, fatigue, overreacting, constipation, allergy problem, Skin rashes , ulcer, psychological signs of stress as nervousness, irritability, depression, inappropriate anger, lack of interest anxiety, feeling emotionally drained and losing sense of humour. Behavioral signs of stress as reduced quality of work performance ,lower productivity of works, lacking in initiatives, expression of mistrust, missing appointments or

deadlines, absenteeism, problem with sexual performance . (Dr.John johnson, 2004)

The term stress is derived from the Latin word “stringer” which means “to draw light”(Skeat).The term “stress” literally refers to a bodily or mental tension resulting from factors that tend to alter the existent equilibrium in people.(Health Action, 2004)

Stress is a condition in which the human system responds to changes in its normal balanced state. (Corol Taylor et al .2001)

Stress has two types these are distress or damaging stress and eustress stress that protect health .however the idea of healthy stress has become contraversial because it is difficult to tell whether a person is benefited from stress or is coping by denying the stress in some way. (Selye.. 1999)

Alcoholism is commonly referred to us “the family disease” in the substance use .when one or more adults in a family are addicted to alcohol, the entire family suffers. Not only do the familial relationship become dysfunctional, but also violence and financial insecurity often results.

Everyone in the family suffers not just the patient. Some problems that familes experience includes guilt, shame, resentment, insecurity, delinquency, financial, troubles, isolation, fear and violence. (Gail W.Stuart...2009)

Familiar of alcoholics experience guilt, husbands were hospitalized for the first time for de addiction. The National Association For Children Of Alcoholics USA states that alcoholic families demonstrate poorer problem solving abilities that non-alcoholic families both among the parents and with in the family as a whole .These poor communication and problem solving skills may be mechanisms through which lack of cohesion and increased conflict develop and escalate in alcoholic families.(SAMHSA...2003)

Family life with an addict can be stressful and painful, yet many come through the experience more or less emotionally intact. Interpersonal functioning may be compromised non ethereus. society expects the family unit to provide for the care, growth and development of children when a family member become addicted, particularly a parent that parent become unable in some capacity to fulfill the responsibility of the adult role of spouse and parent. (Deborai Antai Otong...2003)

Alcoholism is a family problem and most devastating impact occurs when the abuser is a parent.It affects the family members with the same intensity with which it affects the dependent person. Family relationship begins to deteriorate and family members become trapped in a cycle of shame, anger, confusion and guilt.

Substance abuse is also contributing factor to emotional neglect and physical or sexual abuse.(Fontane and Fletcher ...2002)

Addiction is a family problem and is a major source of stress for family members. Family disruption related to alcoholism is a serious, complex and pervasive social problem. Alcoholism is linked to violence, disrupted family roles, impaired family, communication and partly to physical and psychological illness. The consequences of alcoholism all too often result in chaotic disorganized and dysfunctional families. (Frisch And Frisch...2002)

Families of individuals with alcohol use disorders are often characterized by conflict, communication problems, unpredictability, inconsistencies in message to children, breakdown in rituals, and traditional family rules, emotional and physical abuse. (Connors...2001)

Anxiety, anger and resentment are powerful emotions experienced by most family members coping with another family member abusing drugs. Anxiety in the spouse and children about excessive drug use in the family member creates its own set of problems. Each feels guilty and responsible for each other's response and has feelings associated with the identified patient. (Verna Bennar Carson...2000)

The effects of alcoholism on families has been well documented. Family disruption related to alcoholism is a serious, complex and pervasive social problem. Alcohol is linked to violence, disrupted family roles, impaired family

communication and some and psychological illness such as depression
Asthma/emphysema etc. (Lindeman...1994)

Literature related to coping:

Adaptive mechanism, strengthened through specific techniques aimed at managing stress. The mediation has four components: Anticipatory guidance: Focus on psychologically preparing a person for an unfamiliar or painful event. Guidedimagery: A person creates a mental image, concentrates on the image and becomes less responsive to stimuli. Bio feedback: IT is a method of gaining mental control of autonomic nervous system and thus regulating body response and other measures like yoga .visualize techniques self-hypnosis autogenic. (Dr.V.N.Rao.2004)

Coping is an effort to reduce tension minimizing, replacing and resolving uncomfortable feeling such as anxiety anger frustration and guilt. (Deborah Antoi Otang ..2003)

Discord, avoidance, indulgence and fearful withdrawal were the common coping behaviors and marital breakdown, taking special action assertion, and sexual withdrawal were least coping behaviors. (Sathya Narayana Rao &Kuruvilla..2000)

Chronic conditions such as stressful life events can be seen as precipitating events which can have negative outcomes ,or can lead to adaptation and coping. A shift from looking at precipitating events provides a venues for interventions with in a stress coping factors. (Silverman and Kortex...2000)

To deal with stress effectively people try to cope by using specific strategies. Coping strategies are the ways by which people tend to control the causative problem or stress related feelings. (Donna D Ignatavicius.. 2000)

Coping define as persons effort to manage psychological stress .Effectiveness of coping strategies depends on the individual needs. (Lazarus..1999)

For a successful response to the stressors people use different modes of adaptation and one of them is coping .coping is the process by which a person solves problem. Make decision and relieve tension created by stress .Those that as automatic are often termed as coping mechanisms. (Potter P.A et al.. 1999)

Coping as constantly changing cognitive and behavioral efforts to manage specific external or internal demands that are appraised as taxing or exceeding the resources of the person. (Joan Steble Werner..1999)

The dimension of appraisal and coping included in measurement procedure into the domains.Appraisal focused coping:It involves attempts to define the

meaning of a situation and included such strategies as local analysis and cognitive redefinition. Problem focused coping: This seeks to modify or eliminate to the source of stress to deal with the tangible consequences of a problem or actively change the self and develop a more satisfying situation .Emotion focused coping: This includes responses whose primary function is to manage the emotions aroused by stressor and there by maintain effective equilibrium. (Moos And Billings..1998)

Physiologists have identified two major ways in which people cope with stress .In the first approach a person may decide to suffer or deny the experienced stress this is the passive approach or a person may decide to face the realities of experienced stress and clarify the problem through negotiations with other members this is the active approach (Pareek-1993)

Studies related to stress:

Christopher W.Kabler et al., (2009) conducted a study on sources of distress among women in treatment with their alcoholic partners. They examined the sources of psychological and relationship distress among 90 non-alcoholic women with alcoholic male partners seeking out patient conjoint alcohol treatment. Results highlight the close connection between psychological and relationship distress and potential relations between alcohol related coping behaviours and both psychological and relationship distress.

Cho.s, (2008) conducted a study on meaning of life in wives of alcoholics. The purpose of this study was to explore and describe life-stories and meanings of life in wives of alcoholics by analyzing their autobiographies. Autobiographies were collected from 20 participants who produced their own autobiographies in the logotherapeutic autobiography program at communication alcohol autobiographies. There were 128 agency themes and 86 communication themes. The most common themes were love/friendship. Five themes emerged from the autobiographical episodes on the existential perspectives: Overcoming the suffering, meaningful people and relationship, spiritual-maturation, cardigan helping, finding a meaning of life. The conclusion is that the wives of alcoholics who participated in logotherapeutic autobiography program found the meaning of life through their suffering.

Dawson Da et al., (2007) examined the association between partner alcohol problems and selected physical and mental health outcomes among married or cohabiting women before and after adjusting for potential confounders and to compare these associations with those reflecting the impact of the women's own alcohol-use disorders across sectional retrospective survey of nationally representative sample of US adults 18 yrs. of age and older. The sample consisted of 11,682 married or cohabiting women. Results showed that women's whose husbands are alcoholic were more likely to experience

victimization injury, mood disorders and anxiety disorders and were in poorer health than women whose partners did not have health problems. They also experienced more life stressors and had lower mental quality of life scores. This study showed that partner alcohol problems pose diverse health threat for women that go beyond their well-documented association with domestic violence.

Tempier et al., (2006) conducted a study on psychological distress among female spouses of male at risk drinkers. The purpose of the study was to ascertain the mental health of female spouses living with male lifetime at risk drinker and to examine the relationship between male life time at risk drinkers and the psychological distress of their non-drinking female spouses, statistical technique used to analyze the data was t test chi square test and bivariate correlation .This study confirmed higher levels of psychological distress in female spouse of male life time at risk drinkers in the general population. Implication of the study was that life time at risk drinking is a risk factor for the spouses psychological distress.

Homish et al., (2006) examined how one spouses alcohol involvement and alcohol related problems affect his/her spouses depressive symptomatology overtime 634 couples from a community sample were accessed for past year alcohol involvement and alcohol-related problems and depressive

symptomology when they applied for marriage licence. They were reassessed at their first and second anniversaries. The results showed both husband and wives marital alcohol problem were associated with wives depression symptoms. Husband's frequency of heavy drinking were related to husbands depressive symptoms however wives alcohol problems and alcohol use were unrelated to husbands depression .

Koopman.c et al., (2003) conducted a study on relationship of alcohol use, stress avoidance, coping and other factors with mental health in a highly educated workers. This study used a onetime mail out ,mail-back cross sectional survey design to examine the relationship of mental health with stress use of avoidance coping and anti-depressant use in north California comprised of pre dominantly highly educated employees, by a random sample of 10% of 856 employees. The conclusion is a mental health status was poorer on average in a highly educated workforce compared with general US norms.

Hurcom .C et al., (2000) conducted a study on the family and alcohol effects of excessive drinking and conceptualizations of spouses over recent decades .This research relating to the effects of drinking on children ,family systems and partners of drinkers . The latter group have historically been blamed and apologized for their partners drinking although more recent theories have adopted a stress and coping paradigm, thus normalizing individual and

their behavior. Conceptualization of spouses over the last five decades are described and evaluated in the second part of the review . Review considers the impact of the recent stress and coping paradigm, on clinical interventions for excessive drinking and their families.

Sridevi P.A ,(2000) conducted a study on stress, coping and domestic violence in wives of alcohol dependent individual. An exploratory descriptive design was adopted. Wives of alcohol dependent individuals admitted in the NIMHANS. Data was collected by personal interviews with 75 wives. Finding showed the wives of alcoholism dependent individual experience high level of stress and domestic violence is a problem they face which needs significant attention by health providers.

Grubisic-Ilic et al., (1998) studied the basic personality dimension of wives of alcoholics in comparison to the wives of nonalcoholics and the psychiatric treatment frequency. The same were 2 homogeneous groups of at 100 alcoholic wives and 90 wives of non-alcoholics . Subjects in both the groups were administered with the Eysenk personality questionnaire for measuring the main personality dimensions a structured psychiatric interview .The comparison of two groups on the basis of Eysenk personality questionnaire showed that there were no difference in neuroticism and psychoticism among two groups according to the self-assessment of their behavior before marriage.

Wives of alcoholics also manifested less extraverted behavior before marriage. The structured psychiatric interview results revealed that the wives of alcoholic were psychiatrically treated more often during their marriage than the wives of non-alcoholics. The researchers conclude that more psychiatric treatments during marriage at the wives of alcoholics can be interpreted in accordance with the stress with theory.

Osazaki et al., (1994) conducted a study to access the incidence of health problems among wives of alcoholics . The sample were 122 wives of alcoholic's and 88 wives of non-alcoholics. The wives in the both group were administered with cornell medical index and original question of their own medical problem. The groups are compared and showed the following results.

- i) The most obvious health problems of wives of alcoholism with an incidence significantly higher than that of wives of non-alcoholics was genital disease(13.9%) in contrast to 1.1% of the control)
- ii) Cardio-vascular problems-9% vs. 1.1%
- iii)past illness-1.08% vs 0.5%
- iv) current illness 28% vs 19.2%
- v) The rate of category IV of the cornell medical index which indicates neurosis of the subjects was 5% compared 0.0% for the control. From this study it is evident that the wives of alcoholics have more current and past illnessess and more neurotic than the wives of non-alcoholics.

Studies related to coping:

Annis.H.M et al., (2008) conducted a study on gender in relation to relapse crisis situation coping and outcome among treated alcoholics. Relapse crisis situations resulting in successful coping and unsuccessful coping (i.e., relapse) were examined in 90 male and 35 female alcoholic clients over the first 12 weeks following treatment discharge. More similarities than difference were observed between the genders in the relapse crisis situation encountered. The number and type of coping strategies used and the drinking outcome results. A similar proportion of males and females successfully abstained in the first 12 weeks post treatment a combination of cognitive and behavioural coping was most frequently used by both genders and negative emotional states constituted the most commonly reported relapse crisis situation. The results indicate that there was a non-significant trend for females to relapse more frequently in negative affect situation and males in the presence of other drinkers.

Bussey.Rask.M et al., (2006) conducted a study on influence of pretreatment coping strategies on the outcome of outpatient treatment of Danish alcohol abusers. In the research on treatment of alcohol abuse, the concept of coping has been proposed as a relevant factor in the relationship between relapse crises and treatment outcome. The study investigated the role of pretreatment coping strategies in outcome of outpatient treatment for alcohol abuse. The pretreatment

coping strategies of 136 clients receiving op treatment for alcohol abuse were examined as a predictor of drinking pattern after treatment by using Cope questionnaire. Results indicated that some pretreatment coping strategies are identifiable as adaptive and maladaptive coping strategies respectively, regarding successful treatment for alcohol abuse.

Walters.M et al.,(2006) conducted a study on social factors but not stress coping styles predict relapse in detoxified, alcoholism. Psychosocial and coping strategies are recorded as major contributing factors in returning to drinking .The direct effects of coping styles on relapse are not clear.In this study a mixed gender sample of 130 detoxified and well characterized alcohol dependent patients(37 women) was followed up over a period of 12 months after 6 weeks of in patient, treatment patients had completed a comprehensive baseline assessment including stress coping questionnaire .The findings suggest that a partnership is more relevant for risk of relapse than stress coping styles

A study conducted by Hanson zetterlind et al., (2004) to evaluate three different intervention programmes for spouses of alcoholics.39 spouses of alcoholics(36 women and 3 men) with an average age of 47 years(26-60yrs) were randomly assigned to one of the three interventions coping skills, training,group support and information. Follow up interviews were conducted 12 and 24 months after completing the programmes, 38 of the 39 spouses completed the 24 months follow

up examination. Results indicated improvements of coping behavior. Psychiatric symptoms and hardship noted at the 12 month follow up examination. The three group score similarly at 24 months on the four scales.

Kahleral et al.,(2003) examined source of psychological and relationship distress among 90 nonalcoholic women with alcoholic male partners. Seeking out patients, conjoint alcohol treatment .The variables studies were the relationship among

- a) The alcohol partners drinking
- b) Psychological distress in female partners
- c) Marital satisfaction of the female partner
- d) Perceived social support from family and friends
- e) Presence of male to female physical violence and
- f) Alcohol specific coping strategies.

Analysis used was bivariate correlation and multiple regression analysis. Results indicated that greater psychological distress among these women was the most strongly associated with lower satisfaction with marital relationship presence of domestic violence ,lower frequency of male partners drinking ,lower perceived social support from family and more frequent attempts to cope with the partner's

drinking . Implications of the study highlight the close connect between psychological and relationship distress and potential relation between alcohol related coping behavior and both psychological and relationship distress .

Harford et al.,(2001) conducted a study to evaluate the effectiveness of three approaches to assisting the female partners of male problem drinkers with the stress imposed by male drinking. Participants were assigned randomly via random number tables to one of the three treatment conditions .Supportive counseling, stress management or alcohol focused couples therapy. Participants reported protracted alcohol problems, severe impacts of alcohol unsocial functioning and severe marital distress .The women's stress alcohol consumption by the male and relationship functioning were assessed at pre and post treatment and at 6 months follow-up. All three treatment involved 151-hr session with the women.In the alcohol focused couple therapy attempts were made to engage the man in these sessions. Results indicated that contrary to the author's prediction, there were few difference between the treatments. All three treatments were associated with reductions in the women's reported stress with trends for somewhat greater reductions in the women's stress in the stress management and alcohol focused couples therapy conditions than for supportive counselling. None of the treatments produce clinically significant reduction in men's drinking or relationship distress.

It was implicated that the treatments stresses and burden but do not improve drinking or relationships.

Sjhberg et al (2003) conducted a study on the effect of coping skills training on alcohol consumption in heavy social drinking. The study designed to evaluate a relapse prevention technique is based on Swedish 'heavy' social drinkers and were randomly assigned into a control groups and a coping skill training group subject in the coping skill training group were taught methods to cope with the craving alcohol and subjects in the control group had a conventional discussions about their problems and future. Subjects were asked their alcohol consumption and other related behaviors before 6 months and 18 months after treatment. The result indicates that the coping skills training did not prove more efficient than non-specific treatment received in the control group.

Rohsenow et al (2001) conducted a study on the exposure with coping skills training and communication skills training for alcohol dependence. The aim was to investigate the effects of cue exposure treatment and communication skills training in a larger controlled study when both were added to intensive treatment programs. The participants are those who are diagnosed with alcohol dependence without active psychosis conducted in a private psychiatric hospital. Participants were assessed for quantity and frequency of drinking alcohol are respectively response to high risk stimulation and urge specific coping skills. CST resulted in fewer

alcohol related problems reported at 12 months. CET resulted in greater reduction in urge to drink in a measure of stimulated high risk situations. CET also resulted in greater report of use of coping strategies during the followup and many of the urge. Specific strategies taught in CET were associated with reduced drinking.

Maisto S.A. et al (2000) conducted a study on the relationships among alcohol treatment coping the skills and self-efficacy in predicting alcohol use and related consequences following treatment initiation were investigated .The participants were 77 men and 65 women who were entering either inpatient or outpatient alcohol treatment. Mediation analysis of the alcohol consumption variables suggested that treatment effects were not mediated by either coping skills or self-efficiency and that the effects of coping skills were not mediated by self-efficacy.

Cooney NL et al (1998) conducted a study on matching alcoholics to coping skills or interactional therapies. Ninety-six subjects were recruited from an inpatient alcoholism treatment program and randomly assigned to aftercare group treatment with either coping skills training or interactional therapy. Survival analysis using 2 year outcomes data provided evidence for the durability of matching interaction effects. The result is that patient with cognitive impairment had better outcomes in interactional treatment and patients without cognitive impairment did better in coping skills treatment.

METHODOLOGY

CHAPTER – III

METHODOLOGY

Methodology of research organizes all the components of the study in a way that is most likely to lead valid answers to the problems that have been posed. (Burns and Groove 2007)

Research methodology involves systemic procedure in which the researcher starts from identification of problems to its final conclusion. It is a way to solve the research problems systematically. (Polit and Hungler 2004)

The present study aims to “assess the stress and coping strategies among the spouses of alcoholics in a selected de-addiction center,Trichy”.

This chapter deals with the description of methodology and different steps, which were adopted for gathering and organizing data for the investigation, achievement of the aims and objectives of the present study.

The methodology in divided into:

- Research approach
- Research design
- Study setting
- Target population

- Sample and sampling technique
- Development and description of tool
- Pilot study
- Procedure for data collection
- Plan for data analysis

Research Approach:

The research approach tells the researcher from whom to collect the data and how to analysis the data. It also suggests possible conclusions and help the researcher in answering specific research questions in the most accurate and efficient way possible. (Nancy Groove.2005)

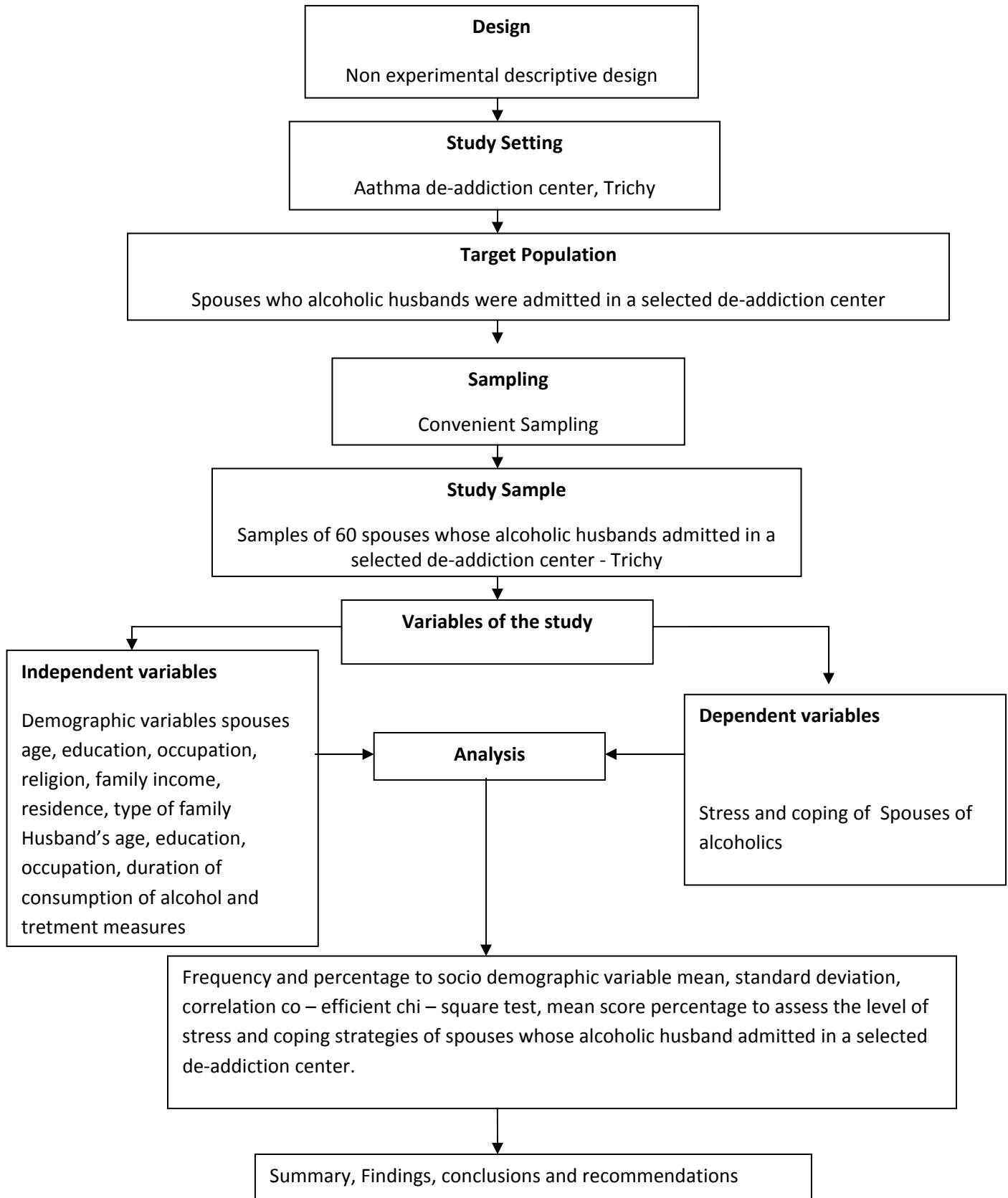
The research approach adopted for this study is non-experimental in nature. survey also used to collect information on spouses stress and coping strategies.

Research Design:

Research design is a blueprint for conducting a study that maximizes control over factors that could interfere with the validity of the findings. [Nancy Burns, 2005)

Research design is the overall plan for addressing a research question including specification for enhancing the study's integrity Research design selected for this study was non-experimental descriptive research design.

1.2 SCHEMATIC REPRESENTATION OF THE RESEARCH



Study Setting:

Study is the physical location and condition in which data collection takes place in a study. (Polit and Beck, 2004)

The study was conducted in the Aathma de- addiction center Trichy. It is a 25 bedded hospital. The de-addiction center is managed by the two psychiatrist, two incharge staff nurse and six psychiatric social worker. They are providing individual and family counseling to the patients.

The hospital also has the psychiatric department. Peoples within Tamil Nadu utilize the services rendered by the hospital.

Target Population:

The population is the entire group of persons or objects that is of interest to the investigator. (Dorothy young and Marie.T, 2003)

The target population of the present study include spouses of alcoholics whose husbands are admitted in a selected de-addiction center for treatment.

Sample and sampling Technique:

Sample is a subset of the population selected to participate in a research study to generalize population characteristics. Sampling refer to the process of selecting a portion the population to represent the entire population. (Polit and Hungler, 2003)

The sample size for the present study was 60 spouses whose alcoholic husbands were admitted in a selected de-addiction centers. After seeking permission from medical director the subjects were selected by using convenient sampling method.

Criteria for the selection of sample:

Inclusion criteria:

1. Spouses whose alcoholic husbands were admitted in a selected de-addiction center.
2. Spouses who are willing to participate in the study.

Selection of the Instrument :

According to carol.L, the study methods used to collect data are intended to allow the researcher to construct a description of the meaning of the variables under study.

Semi structured interview schedule was prepared, structured rating scale was used to assess the stress and coping strategies of the spouses whose alcoholic husbands were admitted in a de-addiction center.

Semi structured interview schedule is considered to be most appropriate instrument to elicit the response from the spouses.

Development of the Tool:

The instrument selected for research study was a vehicle that would obtain details to draw conclusion pertaining to the study. (Treece and Treece)

The investigator prepared semi structured interview schedule to assess the stress and coping strategies of spouses whose alcoholic husbands were admitted in a de-addiction center, Trichy.

Steps in construction of tool

The following steps were carried out in preparing the tool.

- Related literature was reviewed in preparing the tool.
- Guidance and consultation of the subject experts taken for construction of tool.
- Consultation with statistician was done for data analysis.

Literature Review

Literature related to the topic available from books, journals, Periodicals published and unpublished research studies and articles were reviewed to develop the tool. Also the investigator discussed the topic with experts in the fields of nursing and medicine, biostatistics are incorporated their valuable suggestion and alteration made accordingly.

Description of the Instrument:

The tool used for data collection was semi-structured interview schedule to assess the level of stress and coping strategies of spouses whose alcoholic husbands were admitted in a selected de-addiction center.

Section: A

Deals with socio – demographic Variables of spouse and alcoholic husbands. Socio demographic data consist of 13 items seeking information about the age, education, occupation, income, type of family, residence, years of addiction. Each of these items were structured and possible response option were given.

Section: B

A stress rating scale was used to assess the degree of stress experienced by spouse. A stress rating scale in the form of a semi structured interview schedule was prepared by the researcher as there was no consolidated available to assess the stress of spouses whose alcoholic husbands admitted in the selection de-addiction center.

The stress rating scale was a four point rating scale comprising 30 items. The investigator elicited the degrees of stress experienced by the spouse by the 4 point ratings which are ‘Never’, ‘Rarely’, ‘Frequently’, ‘Always’.

Section: C

To identify the coping strategies adopted by the spouses deal with stress initially a coping inventory was developed with “Yes”or “No” response by the investigator the items were selected though a review of standardized coping scale. Some of the coping behaviour were modified from orford’s and Guthrie’s scale.

Score one was given to ‘yes’ response and zero to ‘No’ response in the positive coping to strategies. The positive coping strategies are 2- 5, 14- 16, 19, 23-29. A score one was given to ‘No’ response and zero to ‘Yes’ response in the negative coping strategies. The negative coping strategies are 1-13, 17- 18, 20-22 and 30.

Content Validity:

Validity is the most important simple methodological criteria for evaluating any measuring instrument. Validity reflects how accurately the measures fields information about the true or real variable being studied. (Carol Marnee, 2004)

The experts in the field of nursing, psychology, psychiatric and medicine examined the relevancy and accuracy of the tool.

Outcome of Validity:

There was 100% agreement in all the items. As per the suggestions of the experts the item on years of addiction of the alcoholic husband was included in the Performa. It contains 13 items.

Stress Rating scale:

Out of 37 items initially present in the tool and 7 items were rejected and compounding of certain items was necessary as there was overlapping of the contents. Consequently the tool comprised of 30 items.

Coping Scale:

Initially there were 35 items present in the tool. After the experts opinion the tool comprised of 30 items. All the items were accessed with the suggestion of re organizing the order of question.

Reliability:

The semi structured interview schedule was tried out with 6 spouses of alcoholic husband who were admitted in a selected and de- addiction center. The spearman Brown's split half estimated reliability co-efficient of correlation was found to be $r=0.87$ which indicates high reliability of the questions.

Pilot study:

Pilot study is a miniature trial version of study before the actual data were collected.

The function of this pilot study is to obtain information for improving the project or for assessing its feasibility.

After obtaining permission from the concerned authority a pilot study was conducted in the month of October, 2010. 6 spouses are selected . Spouses were co-operative . It was found that the tool is feasible to conduct the study.

Data collection Procedure:

After getting permission from the concerned authority the data was collected during the month of November, 2010 in the selected de-addiction center.

The purpose of interview as explained to all the members with self introduction. The interview was conducted with their consent. For all the 60 spouses the investigator took an average of 20-30 mines for each interview. Four spouses were interviewed in a day. During the interview the spouses were very co-operative.

Plan for Data Analysis:

The data were analyzed in terms of the objectives of the study using descriptive and inferential statistics.

1. The frequencies and percentage for the analysis of demographic variables.
2. Range of scores, mean, standard deviation and mean score percentage for stress and coping strategies.
3. The correlation co-efficient to find out the relationship between stress and coping strategies.
4. Chi-square (χ^2) analysis is for finding relationship between demographic characteristics with stress factors and relate the demographic characteristics with coping strategies.

Summary:

This chapter dealt with the methodology undertaken for the study, it include research approach, research design, study setting, sample selection, development of instrument, content validity, reliability, pilot study, procedure for data collection and plan for data analysis.

*DATA ANALYSIS ,
INTERPRETATION AND
DISCUSSION*

CHAPTER – IV

DATA ANALYSIS , INTERPRETATION AND DISCUSSION

This chapter deals with analysis and interpretation of the data collected from 60 spouses of alcoholics in a selected de-addiction center, Trichy. The purpose of analysis is to reduce the data to a interpretable and meaningful form so, that the results can be compared and significance can be identified.

Dorothy young (2003) defines data analysis is a qualitative injury that involves careful examination of recorded data to discover apparent patterns, themes or relationships.

The data collected through semi-structured interview schedule were analyzed by using descriptive and inferential statistics, which are necessary to provide a substantive summary of results in relation to the following specified objectives.

OBJECTIVES OF THE STUDY:

1. To assess the stress experienced by the spouses of alcoholics in a selected de-addiction center.
2. To identify coping strategies adopted by the spouses of alcoholics in a selected de-addiction center.
3. To correlate the stress and coping of the spouses of alcoholics.

4. To compare the stress and coping strategies of the spouses of alcoholics with selected demographic variables like age ,education, occupation, type of family, income and religion.

PRESENTATION OF DATA

The data is organized and presented under the following section.

Section 4.1

Description of socio-demographic variables of spouses whose alcoholic husbands were admitted in a selected de-addiction center, Trichy, Using Percentage analysis.

Section 4.2

Descriptive analysis on the stress faced by the spouses whose husbands are admitted in a selected de-addiction center through mean, standard deviation and mean score percentage.

Section 4.3

Descriptive analysis regarding the coping strategies adopted by the spouses whose husbands were admitted in a de-addiction center were carried out through the application of , median, standard deviation and mean score percentage.

Compare the stress faced by the spouses and coping factors adopted by the spouses whose alcoholic husbands are admitted in a selected de-addiction center.

Section 4.4.1

Inferential statistics, especially chi-square test is employed to bring out the association between the selected socio-demographic variables such as age, education, occupation religion, income, residence, type of family, age of the husband, educational status, occupation, duration of consumption of alcohol, and treatment measures with the stress factors faced by the spouses whose alcoholic husbands were admitted in a selected de-addiction center.

Section4.4.1

Inferential statistics, especially chi-square test is employed to bring out the association between the selected socio-demographic variables such as age, education, occupation, religion, income, residence, type of family, age of the husband, educational status, occupation, direction of consumption of alcohol and treatment measures with the coping strategies faced by the spouses whose alcoholic husbands were admitted in a selected de-addiction center.

Section – I

DESCRIPTION OF SOCIO-DEMOGRAPHIC VARIABLES OF SPOUSES

Table 4.1.1 and Figure 4.1.1 Distribution of spouses according to their age group

Sl.No.	Age in years	Number	%
1	Less than 25 yrs	19	32%
2	26-30 yrs	23	38%
3	31-35 yrs	11	18%
4	Above 35 yrs	7	12%
	Total	60	100%

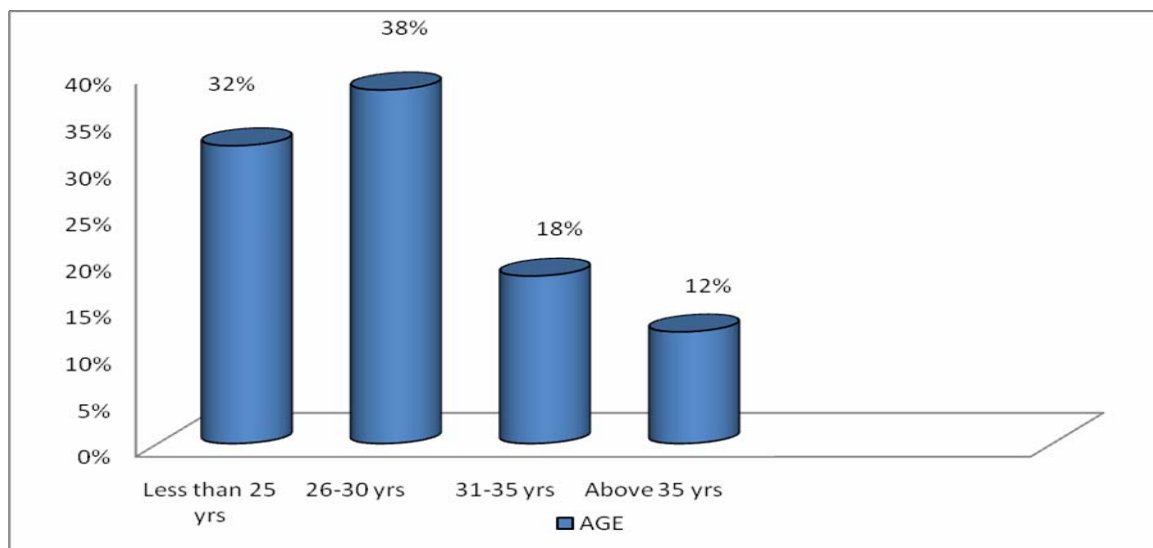


Figure 4.1.1 shows that the maximum number of spouses 38% were in the age group of 26-30 yrs 32% of spouses were in the age group of Less than 25 yrs 18% of spouses were in the age group of 31-35yrs and 12% of spouses were in the age group of above 35yrs.

Table 4.1.2 and Figure 4.1.2 Distribution of spouses according to their religion

Sl.No.	Occupational status	Number	Percentage %
1	Hindu	37	62%
2	Christian	15	25%
3	Muslim	8	13%
	Total	60	100%

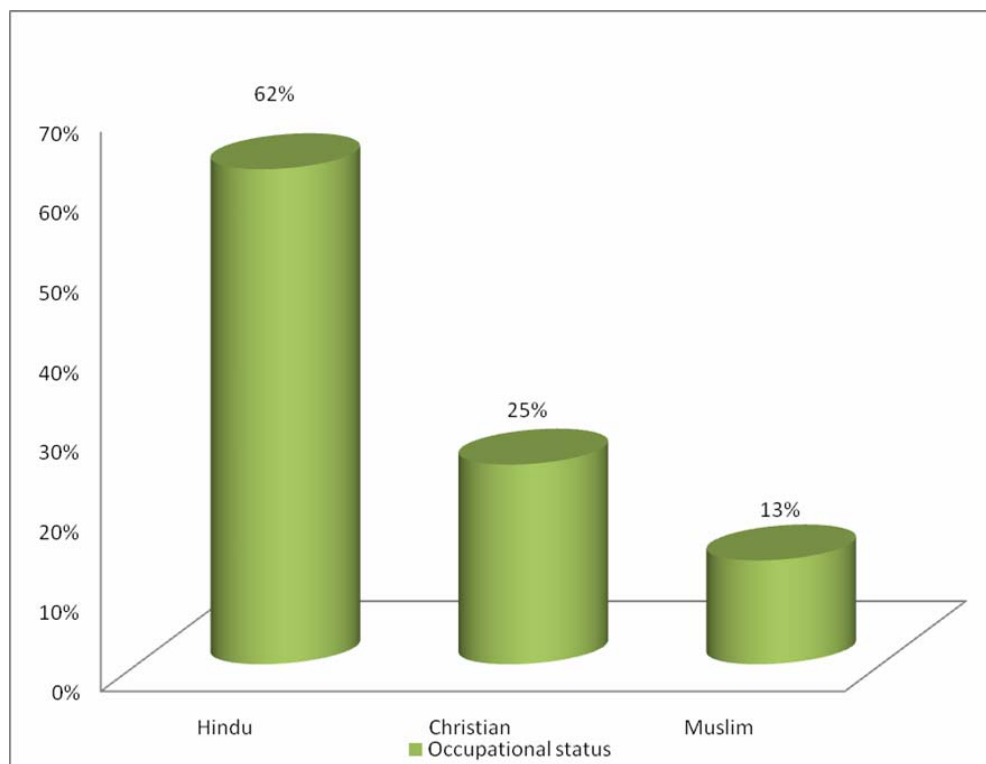


Figure 4.1.4 shows the distribution of spouses according to their religion, the maximum number of subjects 62% were Hindus, 25% were Christian and 13% were Muslims.

Table 4.1.3 and Figure 4.1.3 Distribution of spouses according to the educational status

Sl.No.	Educational status	Number	Percentage %
1	Illiterate	19	32%
2	Primary School	10	17%
3	Secondary School	13	22%
4	Higher Secondary school	11	18%
5	Graduate	7	11%
	Total	60	100%

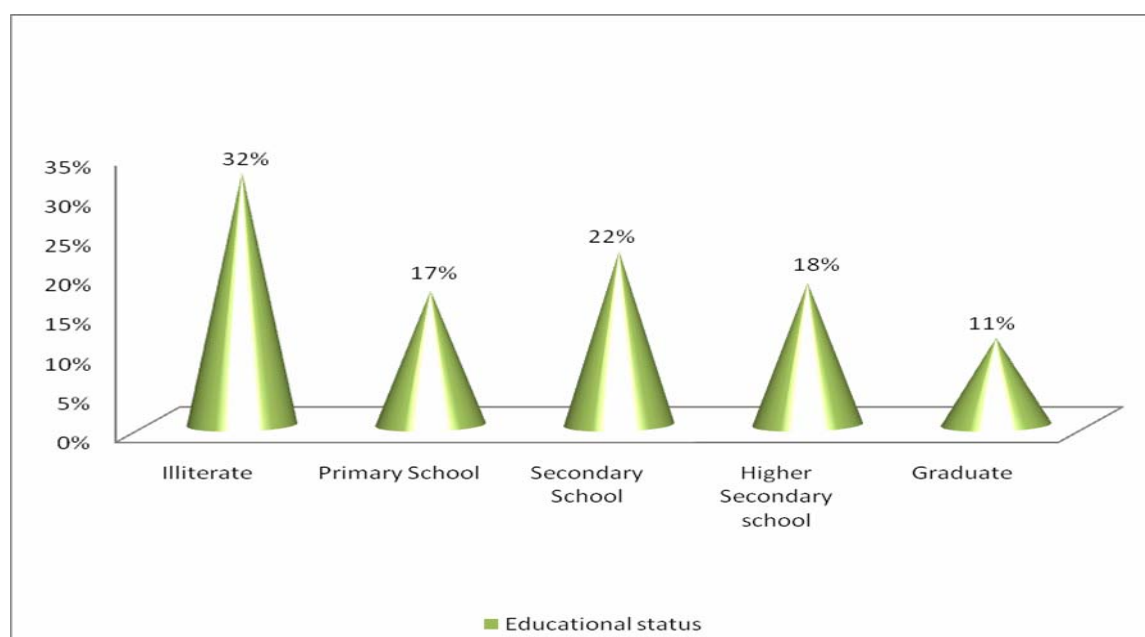


Figure 4.1.3 Shows that the distribution of spouses according to their education 32% were illiterate 17% were finished primary school 22% were finished secondary school 18% were finished Higher secondary school and 11% were Graduate.

Table 4.1.4 and Figure 4.1.4 Distribution of spouses according to their occupational status

Sl.No.	Occupational status	Number	Percentage %
1	House Wife	31	52%
2	Skilled worker	13	22%
3	Unskilled worker	12	20%
4	Professional	4	6%
	Total	60	100%

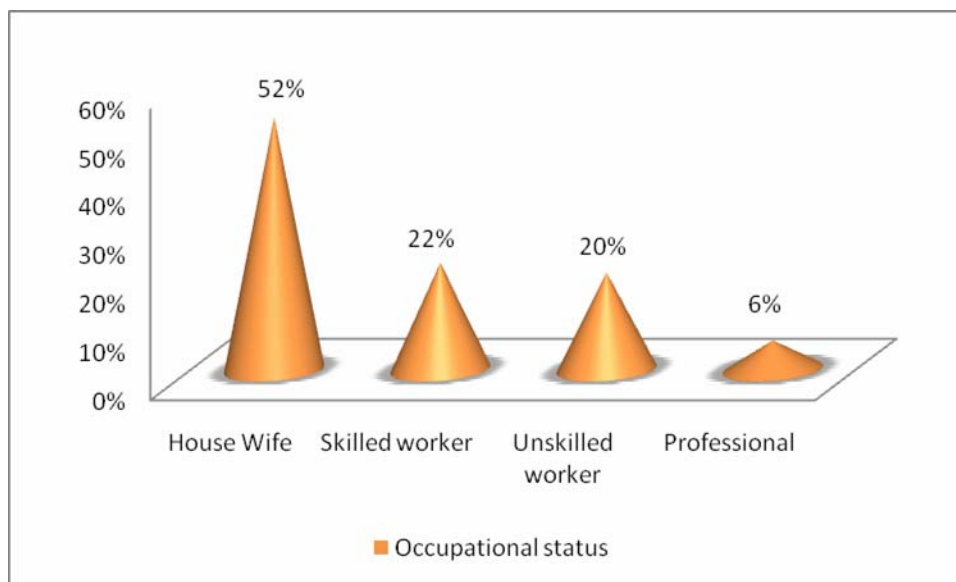


Figure 4.1.4 Shows that 52% of spouses were House wife 22% spouses were skilled workers 20% spouses according unskilled workers and 6% spouses were professional workers.

Table 4.1.5 and Figure 4.1.5 Distribution of spouses according to their family income

Sl.No.	Family income	Number	Percentage %
1	Less than Rs.2000	5	8%
2	Rs.2001-3000	16	27%
3	Rs.3001-4000	26	43%
4	Above Rs.4000	13	22%
	Total	50	100%

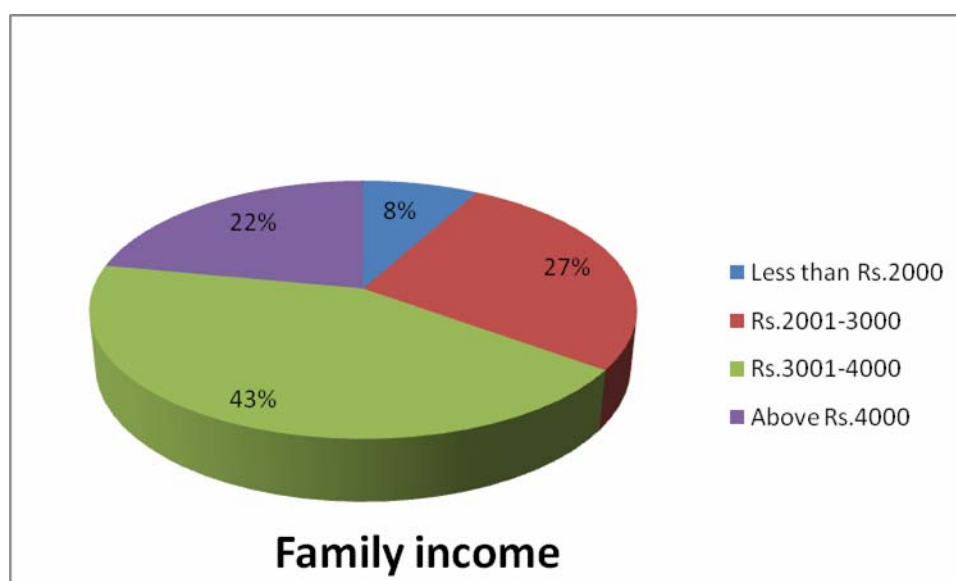


Figure 4.1.5 is glancing the distribution of spouses according to their family monthly income. A major proportion 43% of spouses monthly income were Rs.3001-4000/- 27% of spouses monthly income were Rs.2001-3000/- 22% of spouses monthly income were above Rs.4000/- and 8% of spouses monthly income were less than Rs.2000/-

Table: 4.1.6 and Figure : 4.1.6 Distribution of spouses according to their type of family

Sl.No.	Type of family	Number	Percentage %
1	Nuclear family	44	73%
2	Joint family	16	27%
	Total	60	100%

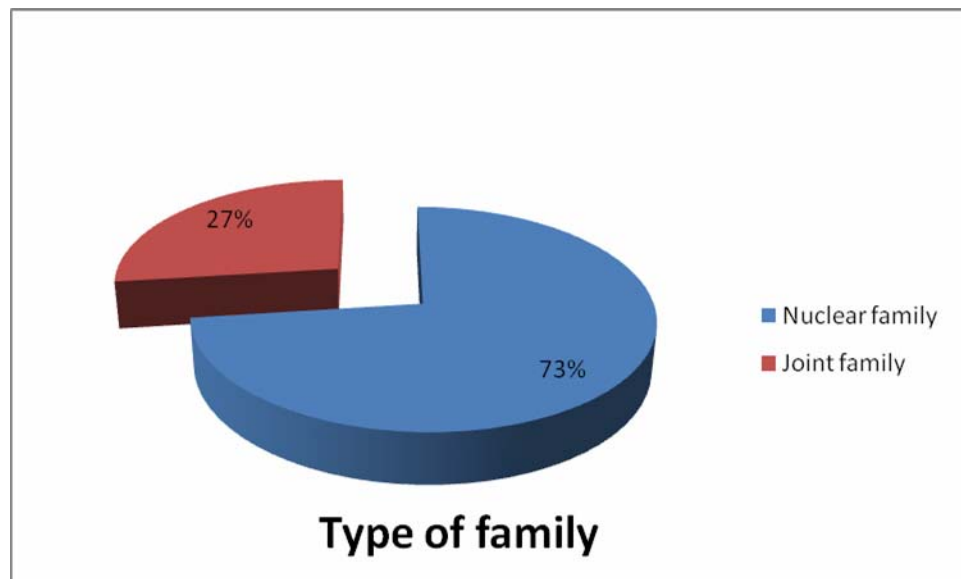


Figure 4.1.6 Distribution of spouses according to their type of family. The maximum number of subjects 73% were in Nuclear family 27% of spouses were in Joint family.

Table 4.1.7 and Figure 4.1.7 Distribution of spouses according to this residence

Sl.No.	Residence	Number	Percentage %
1	Rural area	37	62%
2	Urban area	23	38%
	Total	60	100%

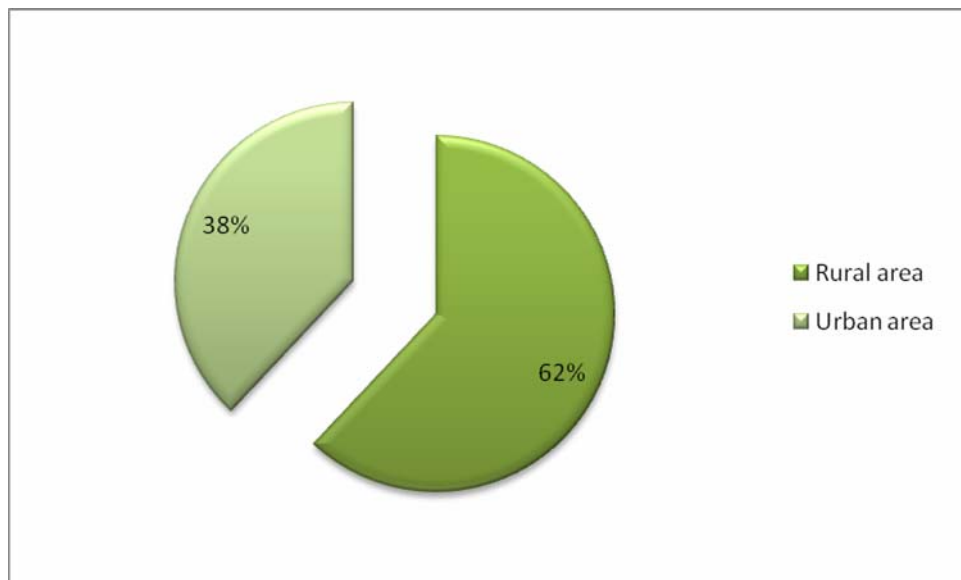


Figure 4.1.7 shows the distribution of spouses according to their residence the maximum number of subjects 62% were from rural area 38% of spouses were from urban area.

Table 4.1.8 and Figure 4.1.8 Distribution of husbands according to their age

Sl.No.	Husbands age	Number	Percentage %
1	Less than 25yrs	0	0%
2	26-30 yrs	15	25%
3	31-35 yrs	23	38%
4	> 35 yrs	22	37%
	Total	60	100

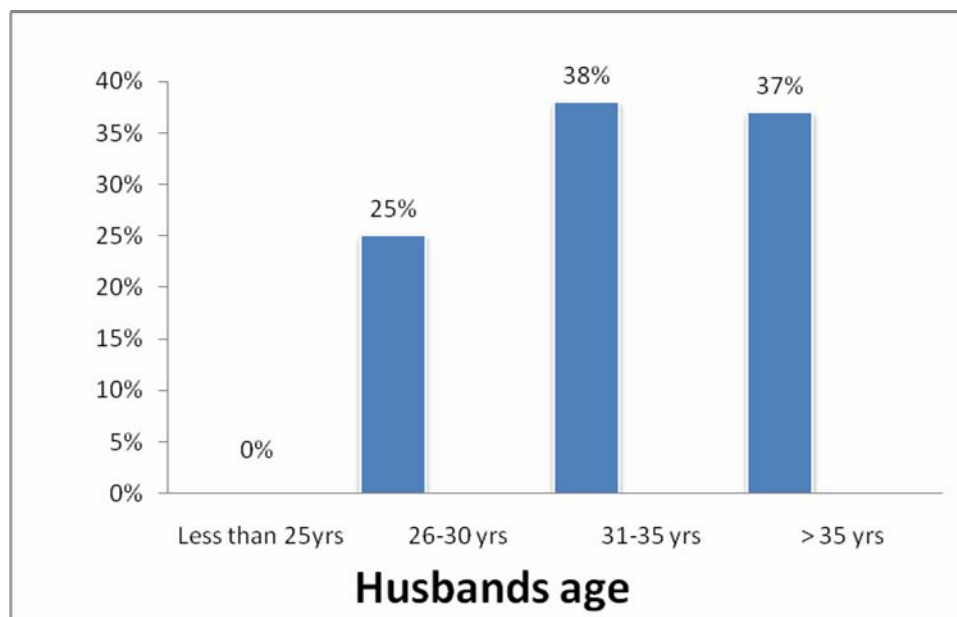


Figure 4.1.8 shows that the maximum number of husbands 38% were in the age group of 31-35 yrs 37% were in the age group of above 35 yrs and 25% were in the age group of 26-30 yrs and none of them in the age group of less than 25yrs

Table 4.1.9 and Figure 4.1.9 Distribution of husbands according to their educational status

Sl.No.	Educational status	Number	Percentage %
1	Illiterate	7	12%
2	Primary school	12	20%
3	Secondary school	20	33%
4	Higher Secondary school	10	17%
5	Graduate	11	18%
	Total	60	100%

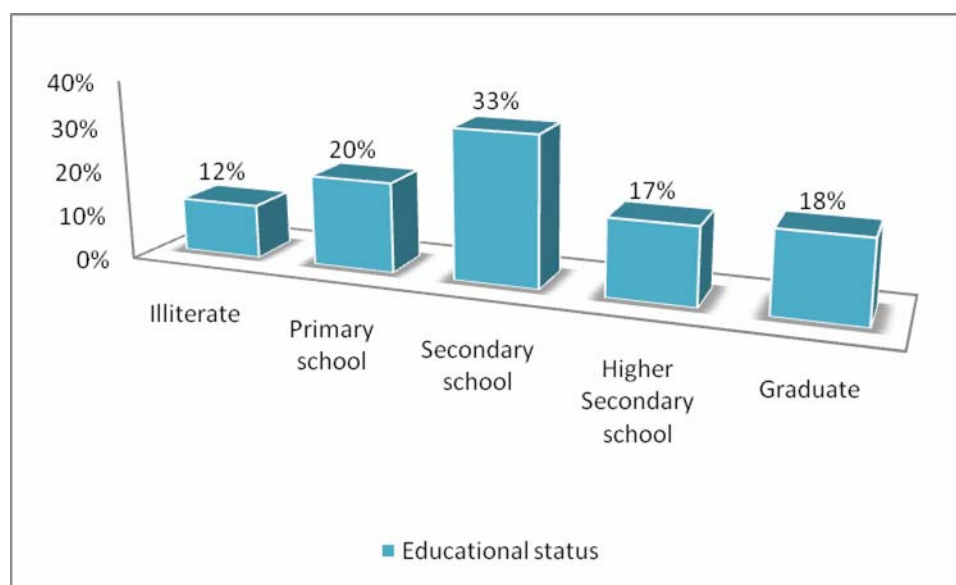


Figure 4.1.9 shows that the distribution of husbands according to their education 33% were finished secondary school 20% were finished primary school, 18% were finished Graduates 17% were finished Higher secondary school and 12% were illiterate.

Table 4.1.10 and Figure 4.1.10 Distribution of husbands according to their occupational status

Sl.No.	Occupational Status	Number	Percentage %
1	Coolie	18	30%
2	Govt. employee	7	12%
3	Private employee	18	30%
4	Business	14	23%
5	Profession	3	5%
	Total	60	100

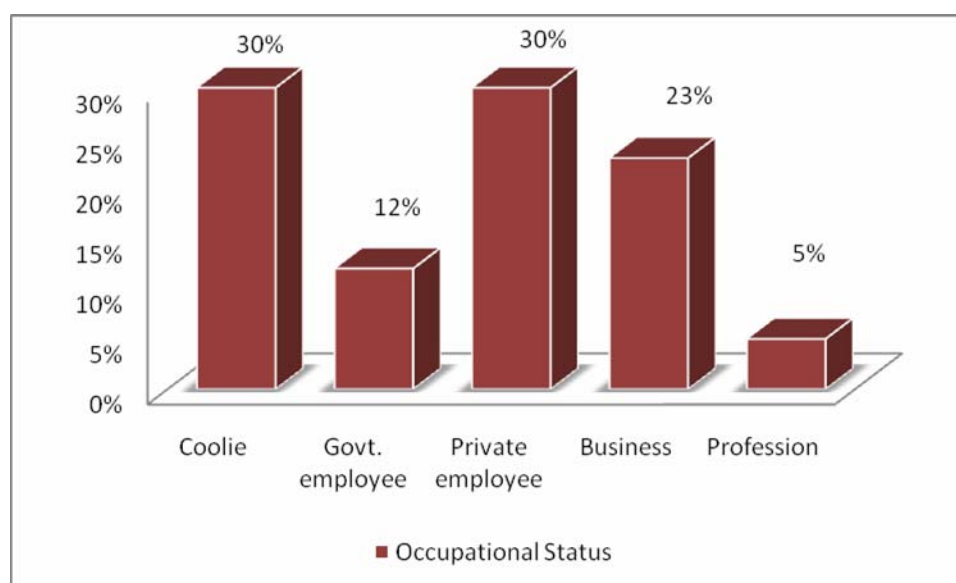


Figure 4.1.10 shows that 30% of husbands were coolie 36% of husbands were private employee 12% were Govt. employee 23% were Businessman and 5% were professional worker.

Table 4.1.11 and Figure 4.1.11 Distribution of husbands according their duration of consumption of alcohol

Sl.No.	Location	Number	Percentage %
1	Less than 2 years	18	30%
2	3-6 years	27	45%
3	7-10 years	5	8%
4	Above 10 years	10	17%
	Total	60	100%

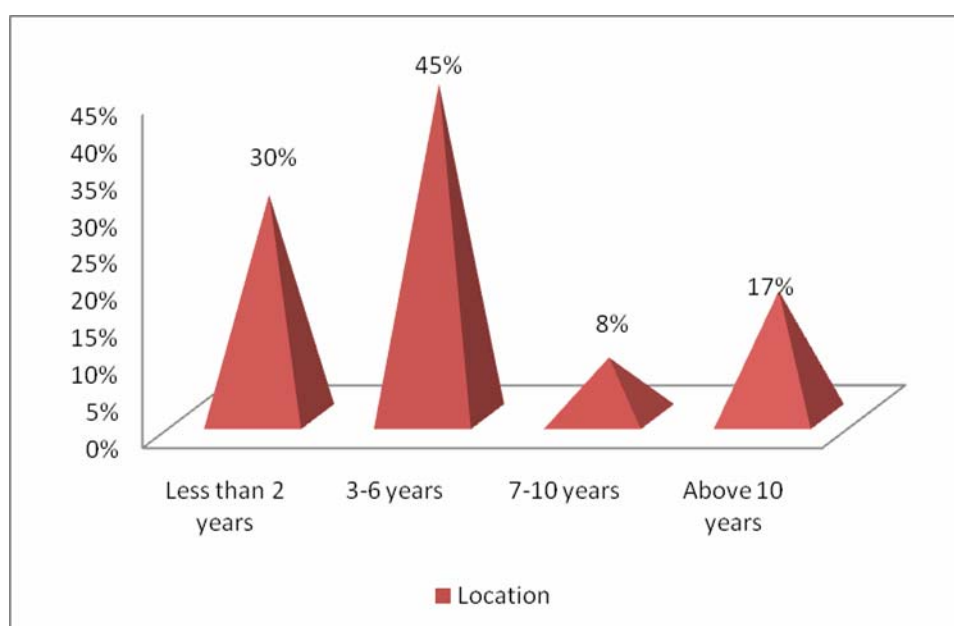


Figure 4.1.11 shows that 45% of husbands were consuming alcohol for 3-6 yrs and 30% were consuming alcohol for less than 2 years 8% were consuming alcohol for 7-10 years and 17% were consuming alcohol for above 10 years.

Table 4.1.12 and Figure 4.1.12 Distribution of husbands according to their treatment measures

Sl.No.	Treatment measure	Number	Percentage %
1	No	49	82%
2	Yes	11	18%
	Total	60	100%

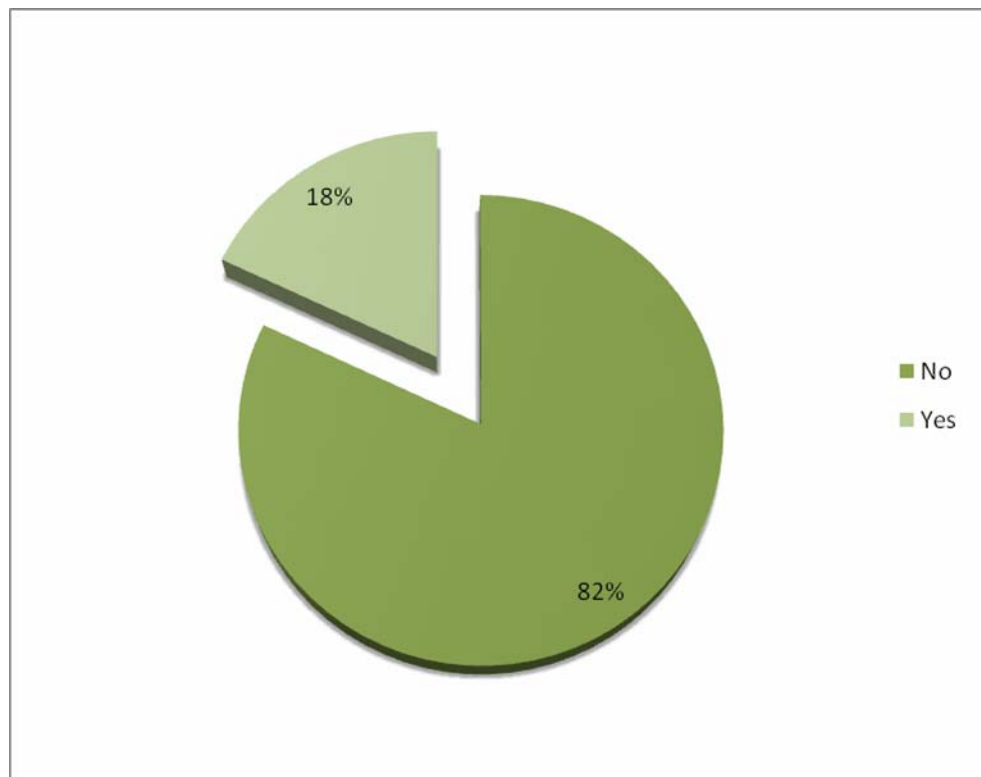


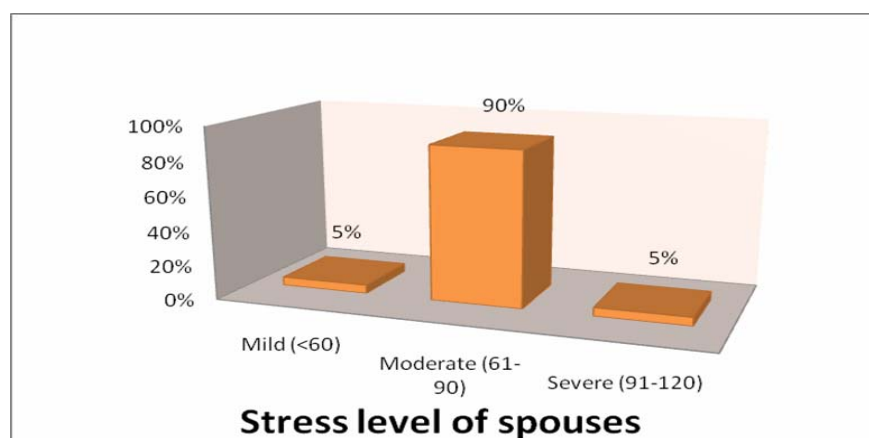
Figure 4.1.12 shows that 82% of subjects were didn't get any treatment and 18% of husbands got treatment.

SECTION 4.2

ASSESSMENT OF STRESS OF SPOUSES WHOSE ALCOHOLIC HUSBANDS WERE ADMITTED IN DE- ADDICTION CENTER

Table 4.2.1 and Figure 4.2.1 stress level of spouses whose alcoholic husbands were admitted in de-addiction center.

Stress level of spouses	Respondents	
	Number	Percentage %
Mild (<60)	3	5%
Moderate (61-90)	54	90%
Severe (91-120)	3	5%
Overall	60	100%



Assessment of stress level of spouses whose alcoholic husbands were admitted in the selected de-addiction center. The stress level of spouses reveals mild, moderate and severe level. Table 4.2.1 depicts that 5% of spouses had mild level 90% of spouses had moderate level and 5% of spouses had experience severe level of stress.

Table 4.2.2 stress score of spouses whose alcoholic husbands were admitted in de-addiction center.

Aspect	Max score	Range score	Respondents stress level		
			Mean	Mean %	SD %
Stress	120	57-100	74.85	62.37	9.59

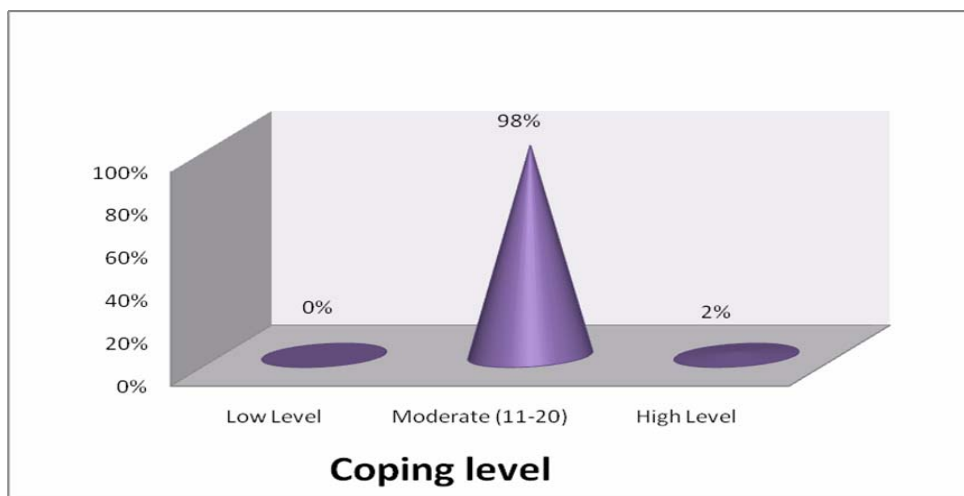
Table 4.2.2 Depicts that overall mean score of stress faced by the spouse whose alcoholic husbands admitted in the de-addiction center was 74.85, standard deviation score percentage is 9.59% and the mean score percentage of stress faced by the spouses whose alcoholic husbands admitted in de-addiction center is 62.37% with maximum possible score 120. Maximum number of spouses feel worried about their economic and social security in future.

SECTION 4.3

ASSESSMENT OF COPING STRATEGIES OF SPOUSES WHOSE ALCOHOLIC HUSBANDS ADMITTED IN THE DE-ADDICTION CENTER

Table 4.3.1 and Figure 4.3.1 coping level of spouses whose alcoholic husbands were admitted in the de-addiction center

Coping level	Respondents	
	Number	Percentage
Low level<10	-	-
Moderate level (11-20)	59	98%
High level (21-30)	1	2%
Overall	60	100%



The coping level of spouses reveals Low level, moderate level and high level. Table 4.3.1 depicts none of spouses had inadequate level of coping strategies, 59 (98%) of spouses had moderate level of coping strategies and 1 (2%) of spouses had inadequate level of coping strategies.

Table 4.3.2 coping score of spouses whose alcoholic husbands were admitted at in a de-addiction center. N=60

Aspect	Max score	Range score	Respondents stress level		
			Mean	Mean %	SD%
Coping strategies	30	11-21	15.93	53%	2.14

Table 4.3.2 depicts that overall mean score of coping strategies adopted by the spouses whose alcoholic husbands were admitted in a de-addiction center was 15.93 standard deviation score percentage was 2.14% and the mean score percentage of coping strategies by the spouses whose alcoholic husbands admitted in the de-addiction center is 53.0% with maximum possible score 30.

Table 4.3.4 Correlation between stress and coping among the spouses whose alcoholic husbands were admitted in a de-addiction center.

Aspects	Coping
Stress	+0.323

Correlation is significant at the 0.05 level. The above table 4.3.4 depicts the analysis attempted to bring out the relation between stress and coping of spouses whose alcoholic husbands were admitted in a selected de-addiction center. The linear correlation was worked out and it found to be statistically significant in stress with coping ($r=0.323$ $P<0.05$) respectively stress is significantly correlated with coping.

SECTION 4.4

Association between socio-demographic characters and stress level of spouses whose alcoholic husbands were admitted in a selected de-addiction center.

Table 4.4.1 Association between stress level of the spouses whose alcoholic husbands were admitted in a de-addiction center.

S. No.	Variable	Category	Stress level						X ² value
			Mild	%	Moderate	%	Severe	%	
1	Age	<30yrs	2	3.3	39	65	1	1.67	2.034
		>30 yrs	1	1.67	15	25	2	3.3	
2	Religion	Hindu	3	5	33	55	1	1.67	3.266
		Muslim	0	0	14	23.33	1	1.67	
		Christian	0	0	7	11.67	1	1.67	
3	Occupation	House wife	2	3.3	28	46.67	1	1.67	2.11
		workers	1	1.67	26	43.3	2	3.33	
4	Educationa l status	Illiterate	2	3.33	17	28.3	0	0	3.08
		Educated	1	1.67	37	61.67	3	5	
5	Family income	<2000/-	2	3.33	3	5	0	0	15.772
		200-3000/-	0	0	15	25	1	1.67	
		3001-4000/-	1	1.67	23	38.33	2	3.33	
		74000/-	0	0	13	21.67	0	0	
6	Type of family	Nuclear Family	3	5	40	66.67	1	1.67	3.56
		Joint family	0	0	14	23.33	2	3.33	
7	Residence	Rural	1	1.67	34	56.67	2	3.33	1.08
		Urban	2	3.33	20	33.33	1	1.67	
8	Age of	<30yrs	1	1.67	13	21.67	1	1.67	3.08

	husband	>30 yrs	2	3.33	41	68.3	2	3.3	
9	Education	Illiterate	0	0	7	11.67	0	0	0.87
		Educated	3	5	47	78.3	3	5	
10	Occupation	Coolie	2	3.33	15	25	2	3.33	0.694
		.Employee	1	1.67	39	65	3	5	
11	Duration	<6yrs	1	1.67	42	7.0	2	3.3	3.08
		>6 yrs	2	3.3	12	20	1	1.67	
12	Treatment	No	2	3.33	44	73.33	3	5	1.1
		Yes	1	1.67	10	16.67	0	0	

Significant in 5% level

The table 4.4.1 present the substantive summary of chi-square analysis which is used to bring out the relationship between the stress factors faced by the spouses and selected socio-demographic variables. The results showed that age, religion, education, occupation, type of family, residence, husbands age, education, occupation, duration of consumption and treatment are not significantly associated with stress faced by the spouses at 5% level (<0.05). Family income is significantly associated with the stress factor faced by the spouses whose alcoholic husbands were admitted in a selected de-addiction center.

Table 4.4.2 Association between coping level of spouses whose alcoholic husbands were admitted in a de-addiction center

Sl. No.	Variable	Category	Coping				X ² Value
			Moderate		High level		
			(59) No	%	(1) No	%	
1	Age of spouse	<30yrs	41	68.3	1	1.67	0.427
		>30 yrs	18	30	0	0	
2	Religion	Hindu	36	60	1	1.67	6.63
		Christian	15	25	0	0	
		Muslim	8	13.33	0	0	
3	Education status	Illiterate	18	30	1	1.67	4.316
		Educated	41	68.3	0	0	
4	Occupation	House wife	30	50	1	1.67	0.965
		worker	29	48.3	0	0	
5	Family income	<2000	5	8.3	0	0	1.3
		2001-3000	16	26.67	0	0	
		3001-4000	25	41.67	1	1.67	
		>4000	13	21.67	0	0	
6	Type of family	Nuclear family	43	71.67	1	1.67	4.37
		Joint family	16	26.67	0	0	
7	Residence	Rural Area	36	60	1	1.67	0.6
		Urban Area	23	38.33	0	0	

8	Age of husband	<30yrs	14	23.33	1	1.67	3.05
		>30 yrs	45	75	0	0	
9	Education	Illiterate	7	11.67	0	0	0.272
		Educated	52	86.66	1	1.67	
10	Occupation	Coolie	17	28.33	1	1.67	2.3
		Employee	42	70	0	0	
11	Duration	<6yrs	44	73.3	1	1.67	0.45
		>6 yrs	15	25	0	0	
12	Treatment	No	48	80.00	1	1.67	0.2
		Yes	11	18.33	0	0	

The table 4.4.2 presents the substantive summary of chi-square analysis which is used to bring out the relationship between the coping strategies adopted by the spouses of alcoholic husband who were admitted in a de-addiction center. The result shows that educational status of spouse is significantly associated with the coping strategies adopted by the spouses of alcoholic at 5% level ($P < 0.05$) and age, religion occupation, family income, type of family, residence, age of husband, education, occupation, duration of consumption of alcohol and treatment measures are not significantly associated with coping strategies adopted by the spouses of alcoholics.

DISCUSSION

The health of woman is important for a family. A healthy mother can bring up her children in a good way thus women health is also important for the development of the nation.

When her expectations get distorted in a family regarding her husbands activities she become frustrated and her mind is splited in pieces. They undergo a series of stress and sorrow throughout their life.

So in this study the researcher has made an attempt to assess the stress faced by the spouses of alcoholic and coping strategies adopted by the spouse whose husbands were alcoholic and admitted in the selected de-addiction center. The discussion is presented under the following heading.

Section 4.1, Socio-demographic variable of spouses.

Among the study group nearly 32% were less than 25 years of age 38% were in the age group of 26-30yrs 18% were in 31-35 yrs and 12% were in the age group of above 35years. Most of the spouses were Hindus and others 38% Nearly 32% were illiterate, 17% were finished primary school and 22% were finished secondary school and 11% were Graduate. Nearly half the spouses (52%) were house wives and majority spouses family income (43%) were Rs.300-4000/- Nearly 73% of subjects were in Nuclear family and 27% were in joint family 62%

of people were from Rural area, and 82% of their husbands were didn't undergo any treatment.

Section 4.2: Stress faced by the spouses

The mean score percentage of stress faced by the spouses is 62.37% this shows most of the spouses stress level is above the average score.

Section 4.3: Coping strategies adopted by the spouses

The mean score percentage of coping strategies adopted by spouses is 53%, this shows that most of the spouses level of coping strategies is above the average Level.

Section 4.4.1: Association of stress with selected socio-demographic variable

Chi-square analysis was applied to determine the association of stressful factors faced by spouse with selected socio-demographic variables such as age, education, occupation, religion, type of family, income of the family, residence, husbands age, education, occupation, duration of consumption of alcohol and treatment measures.

This study reveals that age, education, religion, occupation, type of family, residence, husbands age, education, occupation, duration of consumption and treatment measures are not significantly associated with stress faced by the spouses. Family income is significantly associated with stress faced by the spouses.

Section 4.4.2: Association of coping strategies with selected demographic variables

Chi-square was applied to determine the relationship of the coping strategies adapted by the spouses of alcoholics with selected socio-demographic variables. The study reveals that there is no significant association between coping strategies adapted by spouses with socio-demographic variables such as spouses age, religion, occupational status, family income, type of family, residence, husbands age, education, occupation duration of alcohol consumption and treatment measures, and there is significant relationship between coping and demographic variable like educational status.

SUMMARY

This chapter dealt with the analysis, interpretation and discussion of the data collected from 60 spouses whose alcoholic husbands were admitted in a selected de-addiction center.

*SUMMARY, FINDINGS, CONCLUSIONS,
IMPLICATIONS AND
RECOMMENDATIONS*

CHAPTER – V

SUMMARY, FINDINGS, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

This chapter deals with summary of the study its findings, conclusion, implication and Recommendations of the study.

Summary of the study:

The main aim of the study is to “assess the stress and coping strategies among the spouses of alcoholics in a selected de-addiction centre. Trichy”.

The Objectives of the present study:

- i) To assess the stress experienced by the spouses of alcoholic in a selected de-addiction center.
- ii) To identify the coping strategies adopted by the spouses of alcoholics in a selected de-addiction center.
- iii) To co-relate the stress and coping of spouses of alcoholics
- iv) To compare the stress and coping strategies of the spouses of alcoholics with selected demographic variables like age, education occupation, type of family, income and religion.

The conceptual framework adopted for this present study was based on Roy's Adaptation model developed by sister callista Roy.

Based on the literature reviewed and with the guidance from various subject experts, the investigator developed the conceptual framework methodology for the study and a data analysis plan with most effective and efficient way.

The research approach adopted for the study was non-experimental descriptive design.

The instrument used for the data collection was a semi-structured interview schedule which consists of three section. Section-A consists of 13 items related to socio-demographic Variables. Section –B consists of 30 items on stress factors of the spouse. Section-C, consists of 30 items on coping factors of the spouses of alcoholic.

The content validity of the tool was established on the basis of expert's judgment. The semi structured interview schedule was admitted to 60 spouses of alcoholics admitted in the selected De-addiction center. Pilot study was conducted in the month of October, 2010. The purpose of the pilot study was

1. To find out the feasibility of conducting final study.
2. To determine the methods of statistical analysis

The final study was conducted during the month November 2010. Convenient sampling was used to select the samples. The sample consist of 60 spouses of alcoholics. Confidentiality was assured to the subjects.

Semi structured interview schedule was given to assess the stress and coping strategies of the spouses of alcoholics in a selected de-addiction center, Trichy.

The data was gathered and were analysed and interpreted in terms of objectives. Descriptive and inferential statistics were used for the data analysis.

Major Findings of the study :

The major finding of the study were summarized as follows.

Findings related to socio-demographic variable

- 19(32%) spouses belonged to age group of < 25 yrs., 23(38%) belongs to 26-30 yrs., 11(18%) belongs to 31-35 yrs. and (12%) were above 35 yrs. of age.
- 37(62%) of spouses are Hindus, 15(25%) of spouses were Christians and 8(13%) were Muslims.

- 19(32%) spouses were illiterate, 10(17%) were finished primary school 13(22%) were secondary school, 11(18%) were Higher secondary school and 7(11%) were graduates.
- 31(52%) spouses were house wives, 13(22%) skilled workers, 12(20%) unskilled workers.4 (6%) were professional workers.
- 5(8%) have the monthly income less than Rs.2000, 16(21%) have income of Rs.2001-3000, 26(43%) have income of Rs.3001-4000 and 13(22%) have income of above Rs.4000.
- 44(73%) of spouses belong to nuclear family and 16(27%) belongs to joint family.
- 37(62%) subjects living in rural area and 23(38%) living in urban area.
- 15(25%) husbands belongs to age group of < less than 30 yrs and 45(75%) belongs to age group of > 30 yrs.
- 7(12%) of husbands were illiterate,12(20%) were finished primary school,20(33%) were finished secondary school,10(17%) were finished higher secondary and 11(18%) were graduates.
- 18(30%) husbands were cooli, 7(12%) were government employee,18(30%) were private employee and 17(28%) subjects belong to other professions.

- 18(30%) husbands duration of alcohol consumption is less than 2 yrs.,
27(45%) have consumption duration of 3-6 yrs.5 (8%) have 7-10 yrs.
and 10(17%) have more than 10yrs
- 11(18%) husbands have taken the treatment previously and 49(82%)
not taken the treatment previously.

Section 4.2

Descriptive analysis on the stressor faced by the spouses whose alcoholic husbands were admitted in the de addiction center were through mean, standard deviation score percentage and mean score percentage and mean score percentage .The mean score percentage of stress faced by the spouses whose alcoholic husbands admitted in the selected de addiction center is 62.37%.

Section 4.3

Descriptive analysis regarding the coping strategies adopted by the spouses whose alcoholic husbands were admitted in the selected de- addiction center were carried out through the application of mean ,standard deviation score percentage and mean score percentage .The mean score percentage of coping strategies adopted by the spouses whose alcoholic husbands admitted in the selected de addiction center is 53%.

It was found that stress is significantly correlated with coping.

Section 4. 4

chi-square analysis revealed that there is significant relationship between the stress faced by the mothers with their socio-demographic variable such as family income , and coping is significantly associated with education .

Conclusion:

The following conclusions are drawn from the findings of the study. The findings reveals that stress is significantly co-related with the coping. There is significant association between stress and family income and coping with educational status .

Implication:

The findings of the study have implication in different branches of nursing profession (ie) nursing service. Nursing education, nursing administration,nursing research by assessing the stress and coping strategies among the spouses of alcoholics, we can get a clear picture regarding different steps to be taken in all these fields to reduce the stress in the life of the spouses of alcoholics.

Nursing Education:

Nursing education means in which nurses are prepared for practice in various settings. The study results can be used as an informative illustration for students who can effectively able to identify the stress and coping strategies of the spouses of an alcoholics. It will help the students to provide care with minimum resources in hospital and community.

The nursing education institution should play an active role in conducting in-service education programme, workshops and continuing education programmes to educate nursing personnel regarding stress management techniques.

Nursing service:

Nursing and other health team members have the responsibility to

Promote health information among the public. A community health nurse must take initiative steps to educate the impact of alcoholism on both the individual and family members. Periodically they should conduct health programmes in schools, colleges and in community area in order to create the awareness of alcoholism.

Nursing Research:

Nurse Researchers should be motive to conduct more studies on alcoholism and their family interaction.

There is a need for extensive research regarding, counseling techniques, relaxation techniques, stress management, communication skills in order to reduce the stress among spouses of alcoholics and to promote the mental health among the family members of alcoholics.

Nursing Administration:

Health personnel are playing vital role in improving the nursing practices. Nursing personnel should be prepared to take leadership. Nurses have to provide health education to the alcoholics.

Nurse administrator should take necessary steps in formulating policies in providing patients education and also plan for man power. Money, material, methods and time to conduct successful and useful patient educational materials. Proper planning, Organizing conducting and participating in various educational program contribute to better health care delivery system. So health care administrator should take initiative and motivate others.

Recommendations:

- 1.The study can be replicated using a large sample there by findings can be generalized.
- 2.A comparative study can be done to assess the emotional and behavioural problems of children's of alcoholics and non-alcoholics.

3.A descriptive study can be done to assess the quality of life among wives of alcoholics.

4.A descriptive study can be done to assess the depression level and suicidal ideation among the wives of alcoholics.

5.A study to assess the effectiveness of yoga therapy in life skill management of alcoholics.

6.A study to assess the effectiveness of cognitive relaxation therapy in reducing stress among the spouses of alcoholics.

7.A study to assess the knowledge of spouses about their role in the treatment of alcoholic husband.

8.A study to assess the effectiveness of behavioural couples therapy in reducing intimate partner violence among alcoholics.

SUMMARY

This chapter deals with summary, major findings of the study, conclusion, implication and recommendations.

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APPENDICES

APPENDIX-A

LETTER SEEKING PERMISSION TO CONDUCT THE STUDY

FROM,

MS.VANITHA .R.

II YEAR M.SC NURSING,

VIVEKANANDHA COLLEGE OF NURSING

ELAYAMPALYAM,

TIRUCHENGODE.

TO

THE DIRECTOR,

AATHMA DE-ADDICTION CENTER,

TRICHY,

TAMIL NADU.

RESPECTED SIR/MADAM,

Sub: Letter seeking permission to conduct the study.

I MS VANITHA.R. M.SC NURSING II Year student of
Vivekananda College of Nursing, Elayampalayam have taken a thesis on a topic
“ A STUDY TO ASSESS THE STRESS AND COPING STRATEGIES
AMONG THE SPOUSES OF ALCOHOLICS IN A SELECTED DE-
ADDICTION CENTER”.

OBJECTIIVES:

1. To assess the stress experienced by the spouses of alcoholics in a selected De-addiction center.
2. To identify the coping strategies adapted by the spouses of alcoholics in a selected de-addiction center.
3. To correlate the stress and coping of spouses of alcoholics
4. To compare the stress and coping factors of the spouse of alcoholics with selected demographic variables like age education, Occupation, type of family, income, religion, residence, husbands age, education, occupation, duration of income and treatment measures.

I request you to kindly grant me permission to conduct the s study in your hospital and also issue necessary instructions to the spouses of your hospital to extend their co-operation to undertake my study successfully.

Thanking You,

Yours faithfully,

VANITHA.R

Place : Tiruchengode,

Date :

APPENDIX-B

LETTER GRANTING PERMISSION TO CONDUCT THE STUDY

From

THE DIRECTOR,

Aathma de-addiction center,

Trichy

Tamil Nadu.

Sub : Permission to conduct the study in aathma de-addiction center –

Trichy

With reference to the above letter, it has been informed that, Ms.VANITHA.R II Year M.Sc (N) student, vivekanandha college of Nursing, Elayampalayam, is allowed to conduct a study on the above stated topic in our hospital at Trichy.

With thanks

Yours sincerely,

**The director,
Aathma de-addiction center,
Trichy.**

Place:Trichy

Date:

APPENDIX-C

LETTER FOR VALIDATION OF THE TOOL

FROM

MS.VANITHA.R

II year M.Sc Nursing,

Vivekanandha College of Nursing

Elayampalyam,

Tiruchengode

TO

RESPECTED SIR/MADAM

Sub: Requisition for the content validation of the tool

I, MS.R.VANITHA M.SC NURSING II Year student of
Vivekananda College of Nursing, Elayampalayam have taken a project on “ A
STUDY TO ASSESS THE STRESS AND COPING STRATEGIES AMONG
THE SPOUSES OF ALCOHOLICS IN A SELECTED DE-ADDICTION
CENTER, TRICHY”.

OBJECTIIVES:

1. To assess the stress experienced by the spouses of alcoholics in a selected De-addiction center.
2. To identify the coping strategies adapted by the spouses of alcoholics in a selected de-addiction center.
3. To correlate the stress and coping of spouses of alcoholics
4. To compare the stress and coping factors of the spouse of alcoholics with selected demographic variables like age education, Occupation, type of family, income, religion, residence, husbands age, education, occupation, duration of income and treatment measures.

I request you to kindly grant me permission to conduct the s study in your hospital and also issue necessary instructions to the spouses of your hospital to extend their co-operation to undertake my study successfully.

Thanking You,

Enclosures

Yoursfaithfully,

1. Interview schedule
2. Certificate of Validation

VANITHA.R

*SEMI STRUCTURED
INTERVIEW SCHEDULE*

SECTION:A
SOCIODEMOGRAPHIC DATA

PROFILE OF SPOUSE:

1. CODE NO:
2. Age of the spouse
 - 2.1) <25 yrs []
 - 2.2) 26 – 30 yrs []
 - 2.3) 31 – 35 yrs []
 - 2.4) >35 yrs
3. Religion
 - 3.1) Hindu []
 - 3.2) Christian []
 - 3.3) Muslim []
4. Educational status
 - 4.1) illiterate []
 - 4.2) Primary school []
 - 4.3) secondary school []
 - 4.4) Higher secondary school []
 - 4.5) Graduate []

5. Occupation
 - 5.1) House wife []
 - 5.2) Skilled worker []
 - 5.3) Unskilled worker []
 - 5.4) Professional []
6. Family Income
 - 6.1) < Rs2000 /. []
 - 6.2) Rs. 2001 – 3000/ []
 - 6.3) Rs. 3001 –4000 / []
 - 6.4)Rs.>4000/ []
7. Residence
 - 7.1) Rural area. []
 - 7.2) Urban area. []
8. Type of family
 - 8.1) Nuclear family []
 - 8.2) Joint family []

PROFILE OF THE HUSBAND

9. Age of the husband
 - 9.1) < 25 Yrs []
 - 9.2) 26 – 30 Yrs []

- 9.3) 31-35 Yrs. []
- 9.4) > 35 Yrs []
10. Educational status of the Husband
- 10.1) Illiterate []
- 10.2) Primary []
- 10.3) Secondary []
- 10.4) Higher secondary []
- 10.5) Graduate []
11. Occupational status of the Husband
- 11.1) Coolie []
- 11.2) Govt employee []
- 11.3) Private employee []
- 11.4) Business []
- 11.5) Any other (specify)
12. Since how long are you consuming alcohol
- 12.1) .<2Yrs []
- 12.2) 3-6Yrs []
- 12.3) 7-10Yrs []
- 12.4)>10Yrs []

13. Whether he had undergone any treatment

13.1) Yes []

13.2) No .[]

If yes which centre-----

SECTION B

SELF ADMINISTERED QUESTIONNAIRE

MODIFIED SCALE ON ASSESSMENT OF STRESS

The participants are requested to read the following items given below carefully select one best answer and put tick(✓) in the appropriate place.
Please answer all the questions.

S.No	Manifestation	Never 1	Rarely 2	Frequently 3	Always 4
1	I get headache when I am tensed.				
2	I get sweating.				
3	I get giddiness.				
4	I get palpitation.				
5	I experience nervousness.				
6	I have loss of appetite.				
7	I feel difficulty in taking rest.				
8	I experience tension or tightness in the musclesOf my neck, back or jaw.				
9	I cry without reason.				
10	I feel hopelessness.				
11	I feel that I am unworthy.				
12	I feel less confident about my ability to handle Problem.				
13	I am not satisfied with the blessings Received from the god.				
14	I feel unhappy.				
15	I feel negative about my future.				
16	I feel shy in front of neighbours and friends.				
17	I feel that I 'am alone.				
18	I feel upset because of something that changed my social activities.				
19	I am worried about my economic and social security.				
20	I used to shout on my children with out				

	reason.				
21	I feel difficult to concentrate on family because of my husband's situation.				
22	I am not able to concentrate on my child's education.				
23	I am afraid that excessive drinking will lead to spousal harassment.				
24	I am not able to cope with the things that I need to do.				
25	I feel that alcohol addiction may prone for other dependency.				
26	I have difficulty in taking responsibilities in the family.				
27	I become over tired.				
28	I used to beat my children.				
29	I feel helpless.				
30	I get anger.				

Scores

Never-1

Rarely-2

Frequently-3

Always-4

SECTION C

COPING WITH DRINKING QUESTIONNAIRE

S.No	Items	Yes	No
1	Have you threatened to leave him?		
2	Do you plead with him to stop drinking?		
3	Have you shown him that his drinking is making you ill?		
4	Have you told him he must leave it?		
5	Have you suggested all the good things he could have if he would stop drinking?		
6	Have you tried to show him how you feel by threatening to kill yourself?		
7	Have you tried to stop him drinking too much by making him feel small or ridiculous in public?		
8	When he gets drink do you keep out of the way?		
9	Do you avoid him?		
10	When he gets drunk do you refuse to talk to him while he is in that frame of mind?		
11	When he gets drunk do you feel hopeless yourself to do anything?		
12	When he brings drink home do you seem not to mind but take the first chance to get rid of it?		
13	When he gets drink do you feel too angry yourself to do anything?		
14	When he gets drunk do you feel too frightened to do anything?		
15	Have you told him the children will loss their respect for him?		
16	Have you yourself gone without to give him the money he asks for?		
17	Have you poured it away?		
18	Have you tried to make him jealous?		
19	When he brings home with him have you tried to find where it is hidden?		
20	When he brings drink home with him do you hide it?		
21	Have you hit him or tried to hurt him physically?		

22	Have you paid his debt bills?		
23	When he gets drunk do you make him comfortable perhaps by giving him something to eat?		
24	Have you refused to share the same room with him?		
25	When he gets drunk do you feel too frightened to do anything?		
26	Do you keep the children out of his way?		
27	Have you made special arrangements about money matters?		
28	Have you been yourself to the doctor about his drinking problem?		
29	Have you consulted a lawyer or advice bureau about getting legal separation or divorce?		
30	Have you left home even for one day?		

Scores:

Yes-1

No-2

APPENDIX-D

LETTER SEEKING PERMISSION FROM THE PARTICIPANTS

Dear Participants,

I **Ms. VANITHA.R, M.Sc.**, Nursing student of Vivekanandha College Of Nursing, Tiruchengodu is interested to know more about the spouses level of stress and coping. The information which you are giving will be kept confidential and will be used only for this study. Please participate in this program by answering my questions honestly and state your willingness to participate in his study.

CONSENT FROM THE PARTICIPANT

Thanking you,

Name :

Signature :

I understand the purpose of this study and I am willing to participate in this study.

Signature,

APPENDIX-E

CERTIFICATE OF VALIDATION

This to certify that the

Tool : Semi structured interview schedule consists of four sections which includes

Section I : Socio demographic variables

Section II : Knowledge on alcoholism

Section III : Check list for stress

Section IV : Check list for coping strategies.

Prepared by **Ms. VANITHA.R** II Year M.Sc .,(Nursing) student of
Vivekanandha College Of Nursing to used in her study titled of “ **A STUDY TO
ASSESS THE STRESS AND COPING STRATEGIES AMONG THE
SPOUSES OF ALCOHOLICS IN A SELECTED DE-ADDICTION
CENTER**” has been validated by me

Signature -----

Name -----

Designation -----

Date -----

APPENDIX-F

EVALUATION CRITERIA CHECKLIST FOR VALIDATION OF TOOL

INSTRUCTIONS

The expert is required to go through the following evaluation criteria a check list prepared for validating .The tool to assess the level of stress and coping strategies of spouses of alcoholics in a selected de-addiction center.

SL.NO	CRITERIA	YES	NO	REMARKS
1	Baseline Data The items on base line data cover all aspects necessary for the study			
2	Interview schedule to assess the level of stress and coping strategies of spouses a. Relevant to topics of the study b. Content organization c. Language is simple and easy to understand d. Clarity of items used e. Any other suggestions			

HEALTH EDUCATION

ALCOHOLIC’S SPOUSES STRESS AND COPING STRATEGIES

INTRODUCTION

Alcoholism is commonly referred to as “the family disease”. More family problems stem from alcohol abuse than any other source. Families are being destroyed and children are living a life full of sufferings. Violence, infidelity and divorce are common in relationships in which one partner is an alcoholic. The spouse of an alcoholic has the most obvious problems created by the addiction



DEFINITION

WHO calls alcoholism as “a term of long standing use and variable meaning”.

CAUSES

♥Loneliness



♥Low self esteem



♥Desire to escape from reality

♥Religious reason



♥Peer pressure

♥Unemployment

♥Over crowding

♥Easy availability of drugs

♥Genetic vulnerability

♥Psychiatric disorder

SIGNS AND SYMPTOMS

♥Vomiting



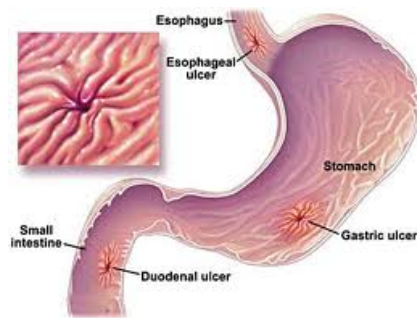
♥Unsteady gait

♥Slurred speech

♥Lack of attention

EFFECTS OF ALCOHOLISM

♣Peptic ulcer



♣Gastritis

♣Fatty liver

♣High risk for myocardial infarction

♣Epilepsy

♣Vitamin deficiency disorder

♣ Marital disharmony



♣ Financial problems

♣ Accidents



TREATMENT MEASURES

Individual behavior therapy to modify the maladaptive behavior, especially during stress full situations



Family therapy to remove family or marital conflicts

Socio therapy to remove stress full life situations

Self help groups:

Alcoholics anonymous

It operates as a psychotherapeutic program in which both person to person and group relations are emphasized.



Al anoon

Family groups has been established for the alcoholic's relatives.

STRESS



The term stress means pressure and in human life it represents an uneasy experience .It is an unpleasant psychological and physiological state caused due to some internal and or external demands that go beyond our capacity.Stress has been called as “the invisible disease”. It is a disease that may affect you,

SOURCES OF STRESS

Environmental stress



- Illness, injuries, inadequate sleep or nutrition
- Financial problems

- Social events
- Individual personalities like low self esteem , fear of failure.
- Interpersonal issues
- System (family, job, schools, club and organizational issues)



SYMPTOMS OF STRESS

- ❖ Muscle tension
- ❖ High blood pressure
- ❖ Difficulty in sleeping



❖Headaches



❖Being more prone to accidents

❖Forgetfulness

❖Unwanted or repetitive thoughts



❖Depression

❖Irritability

STRESS MANAGEMENT STRATEGIES

Stress can take its toll on the body . Take care of yourself by doing some preventive stress maintenance.

Eat right

Proper nutrition is necessary in order to make essential hormones necessary

hormones to cope with the stress.



Do consume

Plenty of water



Zinc and magnesium rich foods (sea foods, beans, grains)

Whole grains, breads and cereals.



Fresh fruits and vegetables.



Low fat milk or soya milk



Avoid

Coffee



Alcohol

Sugar



SaltS

Skipping breakfast

Stay fit

One of the best way of relieving stress is through physical exertion. Any type of aerobic exercises is the best choice for relieving stress, but exercise in general is better than nothing at all.



Sleep



Need adequate sleep for the body to recharge and repair itself after along days

Work

Smiling



By smiling you not only appear more confident, sociable and attractive to others, but it unconsciously makes you feel better too.

Avoid stress causing situation

If you can avoid a stress causing situation , then do so.

